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ABSTRACT

This final report discusses the activities and outcomes of a project designed to assist states in improving the quality of existing placements and services for individuals (birth through young adulthood) who are deaf-blind, and to increase the number of children, their families, and their service providers who will benefit from these services. The project assisted states in identifying service needs across the age ranges and in developing long-range State Technical Assistance Plans. Part 1 of the report provides a brief synthesis of the overall effectiveness and major outcomes of the five-year project. Part 2 describes specific activities that met the objectives of the project to provide an array of training and technical assistance activities to meet the overall needs of the state projects and agencies that provide services for children/youth who are deaf-blind. Activities included: (1) project director meetings; (2) family workshops; (3) family specialist training; (4) topical workshops on effective practices; (5) area meetings; and (6) state-specific technical assistance. Part 3 provides project financial and budgetary information and part 4 discusses project implications for policy, practice, and research. Extensive appendices include information on long-range technical assistance plans, summaries of workshops, project assessment materials, and case examples. (CR)

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National Technical Assistance Consortium for Children and Young Adults Who are Deaf-Blind
Final Report

Project Director
Kathleen Stremel

Monitoring End: September 30, 2002

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PART I - EXECUTIVE SUMMARY

Project Effectiveness

Introduction

Teaching Research and Helen Keller National Center formed a consortium to respond to the Request For Proposal that directed the priorities for the National Technical Assistance Center for Deaf-Blindness (1995). A subcontract was provided to HKNC through the Teaching Research Division, Western Oregon University. Even though the project was managed across two non-related agencies, the consortium operated as a very effective partnership. Process steps, roles, responsibilities, and procedures were fully developed and implemented across fiscal resources, technical assistance delivery, staff development, dissemination and all other activities so that the project functioned effectively and efficiently. The management of the project was coordinated between both agencies utilizing a management team with staff from both organizations. Staff participated on work groups across the project objectives so that everyone had opportunities to participate in all grant activities. Additionally, all staff participated in the provision of Technical Assistance both at the state and the national level.

Accomplishments and Effectiveness

Part I – the Executive Summary provides the reader with a brief synthesis of the overall effectiveness and major outcomes of the five-year project. Seven major objectives have been developed, implemented, and evaluated. The accomplishments in meeting each objective are important, but the project feels that it is critical to discuss the effectiveness or impact of each of the critical objectives as they relate to changes in practices and child/youth results. Very little implementation or child change data were available from collaborative NTAC and state Technical Assistance Activities during the first four years of the project. One of the strongest outcomes of the NTAC project during the final years of the project was getting states interested and motivated to begin to examine strategies to collect system's change, implementation of best practices, and child/youth outcome data. Many of the no-cost extension year activities have been directed to the development and beginning implementation of the Outcome and Performance Indicator systems in order to better document and report effectiveness and impact.

NTAC's performance using the GPRA program performance indicators will be addressed within the relevant objectives.

Site Review Outcomes and Recommendations

The National Technical Assistance Consortium for Infants, Children, and Youth Who Are Deaf-Blind (NTAC) participated in a Site Review during the second year of the project. The Site Review report stated that NTAC was meeting each of the grant's objectives in an effective and timely manner. At the time of the review, the reviewers also developed recommendations for OSEP and for the project. In summary, the major recommendations included in the report were:

1. Develop a Mission Statement
2. Increase the capacity building activities with states
3. Maintain a flexible needs assessment and TA delivery process

4. New state RFPs must have an alignment of workscope and expectations more in line with those of the NTAC priorities
5. NTAC should take a leadership role in training projects on "Assessment"
6. Increase the coordination and networking capacities of the projects.

NTAC's responsiveness to the Site Review recommendations will be discussed as they pertain to the individual objectives that are summarized.

Mission Statement

The NTAC mission statement was developed cooperatively with the Advisory Committee.

> The NTAC mission is to link effective practices to states, early intervention systems, school systems, adult services, and families in order to assist local programs and families in the provision of high quality education for children and young adults who are deaf-blind. NTAC assists states to improve results for children and youth who are deaf-blind so that they meet challenging standards and are prepared for employment and independent living. This mission is carried out by providing technical assistance and information that is coordinated and accessible to families, teachers, administrators, early intervention personnel, related personnel, paraprofessionals, and transition personnel and results in improved practices. NTAC promotes the need for a federal presence in meeting the unique and diverse needs of the population by collaboratively increasing national, local, state, family, and consumer capacity to meet those needs.

Objective Summary

Objective 1.1: Needs Identification and Development of Long Range Plans

What we did. The first year of the project was spent completing no-cost extension activities with TRACES and TAC. Regional Orientation meetings were sponsored by NTAC to promote collaboration for the states' Needs Assessment process. Initially a formalized on-site process was developed by NTAC. Based upon the feedback from the Site Review and the state projects, NTAC developed a more flexible approach in which seven different options were available to states. It was the intent of NTAC to examine child, service provider, practices, and service needs across multiple agencies to promote collaboration and system's change.

What difference did it make? The large majority of states utilized multiple agencies to determine statewide needs. Many of the needs showed a lack of service provider competencies to meet the diverse needs of children with deaf-blindness. The Long Range Plans did correspond directly with the specific technical assistance that was provided for 86% of the states. There were only a few occasions when new needs were identified at a later point. Overall, training to increase service provider competencies in the areas of transition and communication were judged high as training needs. The status of each state's LRP and the status of achieving the outcome are presented in Appendix A.

Few states seemed to use critical child needs for their Needs Assessment Process.

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Changes made based on outcomes. NTAC is currently facilitating an increased use of the census to assist states to determine critical child needs (**GPRA 1.1**). More specific child/youth needs were used in the last year of the project as states were required to be involved in systemic change.

States indicated that the Stakeholder process facilitated the collaboration and partnerships among many agencies.

Objective 1.2: State-Local Team Partnerships

What we did. Nine states were included in the initial State-Local Team Partnership training. These states had been working with the TAC project, so the same strategies were used. During the first year, eleven states attended a Cohort training. All of the State-Local Team training was directed to benefit young adults (not younger children). During the second year of the project, the staff determined that any specific technical assistance to states should be based on the results of the state's Long Range Plans and not based on previous TA.

What difference did it make. Outcomes showed that many of the states expanded the numbers of teams in their states. Teams built capacity in conducting person-centered planning and in their ability to train others in the transition process. No individual student results for those states who originally participated in the State-Local Teams were shared with NTAC if the student change data were obtained by the state. Case studies for four youth who participated in system's change in the area of transition to work were collected. Samples of outcomes are provided in the sidebars.

C is employed making air mask devices for Boeing. He has many job choices and enjoys socializing.

B's life was impacted by new technology

Changes made based on outcomes. Those states whose needs assessment indicated transition as a major need followed the same Long Range Plan-Technical Assistance Agreement (TAA) process as all other TAAs. It was decided that there was no rational for working with individual states and having different criteria for developing outcomes based on needs. Individualized logic models were then used to develop strategies and system's change initiatives specifically for a state. It was felt that national Cohort meetings would not be effective to obtain student outcomes. No State-Local Partnerships around younger children were developed or requested as TA during the first years of the project.

Objective 1.3: An Array of Technical Assistance to State Projects and Agencies

Statewide training was conducted across the state of Louisiana by the SEA as part of their state CSPD system. NTAC collaborated with the state DB grant to provide direct follow-along TA on site across 3 regional sites across the state. Overall, these sites had multiple children with deaf-blindness in the LEA.

What we did in state specific technical assistance. An array of training and technical assistance activities was developed and delivered in order to meet the overall needs of the state projects and agencies who provided service for children/youth who are deaf-blind. This array of activities included: (a) PDM, (b) Family workshops, (c) Family Specialist trainings, (d) Topical workshops on effective practices, (e) Area meetings and (f) state specific TA. The summary of overall "use" of NTAC services is provided in Table I-1. Technical Assistance Activities were defined as (a) formal, (b) semiformal, and (c) informal. Formal Technical Assistance Agreements (TAA) were developed and signed by NTAC and the state project or agency requesting Technical Assistance. 270 state specific TAAs were

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Table I-1. State/Project Use of NTAC Services

	Region I														Region II											
Array of Services	**Alaska**	**Arizona**	**California**	**Colorado**	**Hawaii**	**Idaho**	**Montana**	**Nevada**	**New Mexico**	**Oregon**	**Pacific Basin**	**Utah**	**Washington**	**Wyoming**	**Illinois**	**Indiana**	**Iowa**	**Kansas**	**Michigan**	**Minnesota**	**Missouri**	**Nebraska**	**North Dakota**	**GLARC/OH***	**South Dakota**	**GLARC/WI***
National Project Directors Meeting	5	5	5	5	2	5	5	4	5	5	4	5	5	5	5	5	5	5	5	5	5	5	4	4	5	5
National Family Workshops	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
National Family Specialist Trainings	X	X	X				X	X	X	X		X	X		X	X	X	X	X	X				X		
Topical Workshop 1: Cohort Meeting - July, 1998		X													X		X	X	X			X				
Topical Workshop 2: Program Planning - February, 1999	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Topical Workshop 3: Alternate Assessment - August, 1999	X	X	X	X	X	X	X	X	X	X		X	X		X	X	X	X	X	X	X	X	X	X	X	
Topical Workshop 4: Distance Learning - February, 2002	X	X	X	X	X	X	X	X	X	X		X	X		X	X	X	X		X	X		X			
Topical Workshop 5: Effective TA - May, 2000	X	X	X	X	X	X	X	X	X	X		X	X		X	X	X	X	X	X	X	X	X	X	X	
Topical Workshop 6: Effective Family TA - June, 2000		X	X		X			X		X					X		X	X	X	X		X	X	X	X	
Topical Workshop 7: CVI/CAPD - April, 2001	X	X	X			X	X	X	X	X		X	X	X	X	X	X	X	X			X	X	X	X	X
Topical Workshop 8: Access to Gen Ed Curriculum December, 2002			X	X	X		X			X			X	X	X	X	X	X	X	X	X	X	X	X	X	
State Specific TAAs	7	7	2	1	2	4	0	3	5	3	2	3	4	5	2	8	13	10	7	3	3	11	4	8	3	*
Other																										
TOTAL	**9**	**11**	**11**	**8**	**9**	**8**	**9**	**10**	**9**	**11**	**4**	**9**	**10**	**6**	**12**	**10**	**12**	**12**	**11**	**10**	**8**	**10**	**10**	**10**	**9**	**3**

*Represented by GLARC; **Represented by NEC

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Table I-1. State/Project Use of NTAC Services continued

Array of Services	Region III														Region IV														TOTAL
	Alabama	Arkansas	Florida	Georgia	Kentucky	Louisiana	Mississippi	North Carolina	Oklahoma	Puerto Rico	South Carolina	Tennessee	Texas	Virgin Islands	Connecticut **	Delaware	D. C.	Maine **	Maryland	NEC/Mass**	New Hampshire**	New Jersey	New York	Pennsylvania	Rhode Island	Vermont	Virginia	West Virginia	54
National Project Directors Meeting	4	5	5	5	5	5	5	5	5	4	5	5	5	0	**	5	0	**	5	5	**	5	5	5	5	5	5	5	52 (236)
National Family Workshops	X	X	X	X	X	X	X	X	X	X	X	X	X		X	X		X	X	X	X	X	X	X	X	X	X	X	52
National Family Specialist Trainings	X	X	X	X			X	X				X	X		X	X			X	X		X	X	X	X	X	X	X	35
Topical Workshop 1: Cohort Meeting - July, 1998			X		X			X														X	X	X					12
Topical Workshop 2: Program Planning - February, 1999	X	X	X	X	X	X	X	X	X	X	X	X	X		**	X		**	X	X	**	X	X	X	X	X	X	X	51
Topical Workshop 3: Alternate Assessment - August, 1999	X		X	X	X	X	X		X	X	X	X	X			X			X	X		X	X		X	X			41
Topical Workshop 4: Distance Learning - February, 2002	X	X				X					X		X					X					X	X		X			28
Topical Workshop 5: Effective TA - May, 2000	X	X	X	X	X	X	X			X	X							X	X	X		X	X	X		X	X	X	41
Topical Workshop 6: Effective Family TA - June, 2000			X	X					X			X	X						X				X			X	X		23
Topical Workshop 7: CVI/CAPD - April, 2001			X	X	X	X	X		X	X	X		X		X	X		X	X	X		X		X	X	X	X	X	41
Topical Workshop 8: Access to Gen Ed Curriculum December, 2002	X	X		X	X	X	X	X			X	X				X			X			X	X	X					32
State Specific TAAs	5	3	9	4	2	4	6	2	1	2	1	9	11	0	5	10	1	2	12	1	1	5	8	13	5	4	7	11	51 (270)
Other																													
TOTAL	9	8	10	10	9	9	9	7	7	7	9	8	8	0	5	7	1	6	9	7	3	9	10	10	7	10	8	7	459

*Represented by GLARC **Represented by NEC

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implemented across the project duration. Formal activities consisted of short term trainings, long term trainings, and initiatives. More of an emphasis on capacity building and systemic initiatives has occurred only in the past two years when the state priorities were aligned with the NTAC priorities (Site review recommendations). Additionally, the number of TAAs that target capacity building and system's change have increased over the past two years.

GPRA 2.1 - DB-LINK served as a critical collaborative partner to assist NTAC and the states to use high quality methods and materials. NTAC documented the TA strategies that are used in each formal TAA. NTAC will continue to promote the use of "effective practices" from the field of deaf-blindness and severe disabilities, as well as from the literature on Technical Assistance, Professional Development, and Adult Learning.

What difference did it make. The number of state specific TAAs that were implemented ranged from 0 to 13 across the four active years of TA delivery. These data show that each state was provided some level of Technical Assistance across the project (Table I-1). States were not obligated to accept Technical Assistance if they did not need the TA. However, only a few states (4%) did not request individual TAAs during the 5-year period. The types of TAAs across the project are provided in Figure I-1. These data show that well over half of the agreements included short term activities. The majority of these activities were 1-2 day trainings. The number and content areas of technical assistance provided is provided in Figure I-2. State projects completed an evaluation concerning the specific outcomes from all of the major NTAC activities. A summary of the outcomes and some impacts are provided below:

Perceived Evidence of Increasing Effective Practices: State sample

- families used the "child reports" to plan for IFSPs/IEPs
- teams were able to implement the strategies
- teams agreed that there was a high impact on children
- teams agreed that there was also an impact on other children
- There was impact on other disciplines/teams who weren't included in training
- there was a positive impact on families
- administration reported that teams/families were collaborating to increase more appropriate educational programs
- teams in one district are ready to serve as trainers.

1. ***Areas of training.*** The states felt that NTAC provided the most assistance in the areas of inservice training, transitioning processes, and general support (Figure I-3). More specific results included increases in Usher's screenings, person-centered planning and model development. Appendix A provides a summary of each state's Long Range Plan, outcomes to meet the identified needs, and the level of accomplishment through the provision of NTAC technical assistance. Documentation of numbers of TAAs, satisfaction, change in knowledge, and other sources of data are provided in the Goal Attainment Scale.

2. ***Training participants.*** The major participants who benefited from the NTAC TAA included teachers (22%); related service personnel (19%), family members (17%), and adult service providers (13%) see Figure 1-4.

GPRA 3.2 - NTAC provided a direct link between research results and practitioners' use of those results, especially in the areas of transition, communication/language, assessment, team collaboration.

Observed Evidence of Increased Effective Practices

- tremendous team collaboration, planning, implementation and child evaluation for 6 out of 7 teams.
- Communication Maps completed on each child; Maps used by teams for planning and decision-making
- three new young children were identifies as being deaf-blind
- increased active engagement.
- increased IEP planning and participation
- increased the child's comprehension
- increased expressive communication
- increased consultant time with the children.

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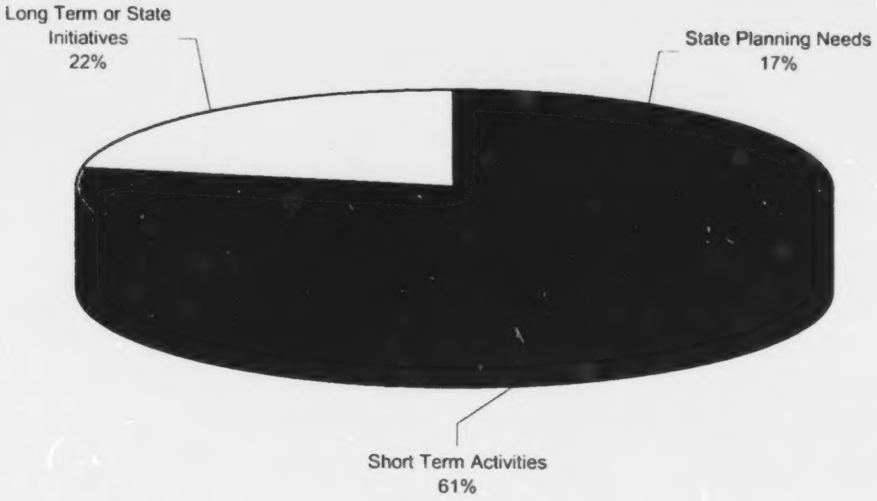


Figure I-1. Process Type for Technical Assistance Agreements

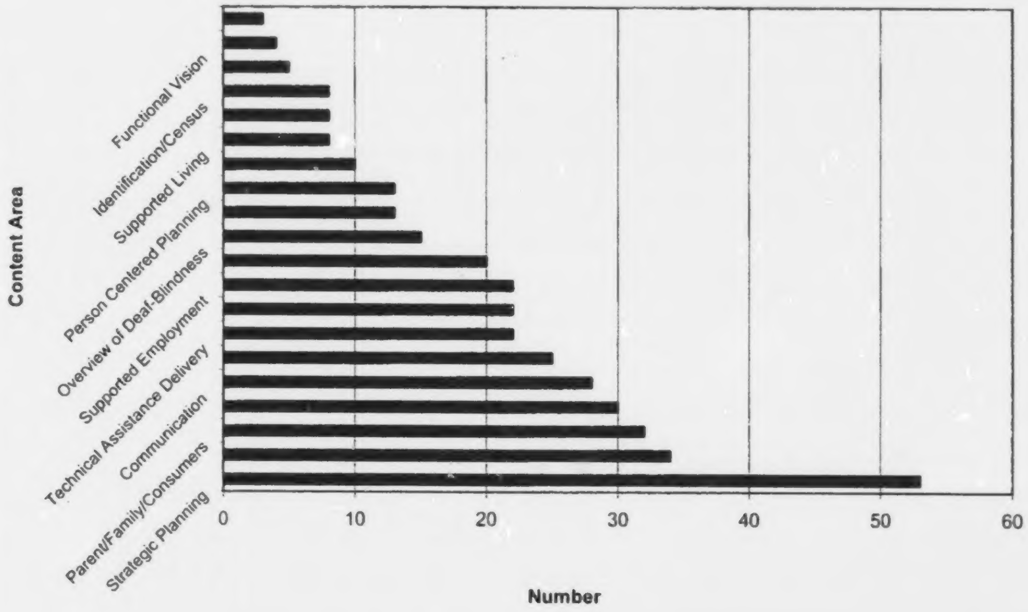


Figure I-2. Number and Content Area of Technical Assistance Provided

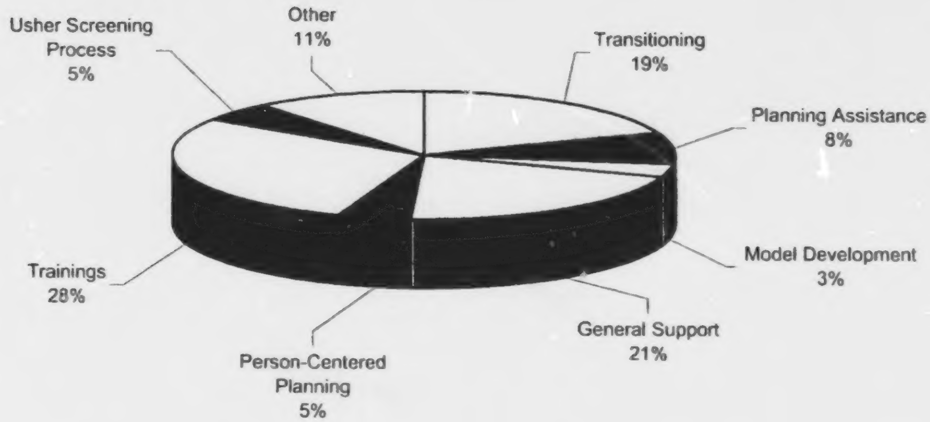
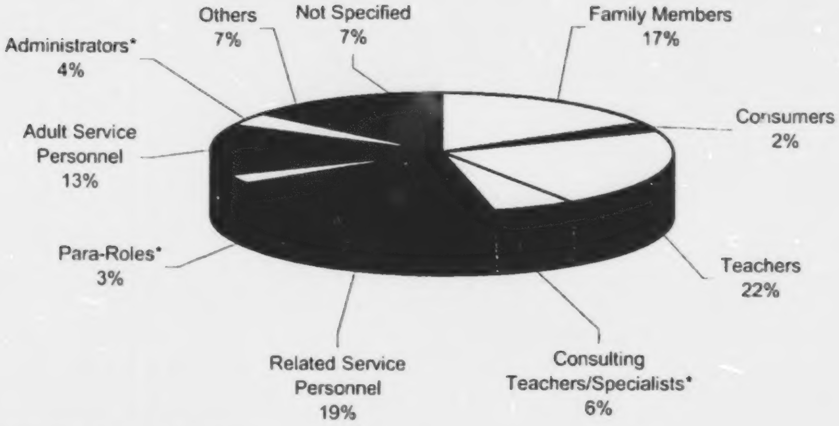


Figure I-3. Outcomes for Technical Assistance (44 States Reporting)



**Note: data were not collected prior to*

Figure I-4. Percentage of Individuals who have Received NTAC Technical Assistance Activities

3. ***Children/youth to benefit.*** The numbers of children/youth being served by the participants who attended the trainings are provided in Figure I-5. These numbers represent the children/youth who could potentially benefit as their parents or service providers learned new skills. NTAC was successful in collecting some best practice, implementation, and child change data with a number of states. The summary of one state's effectiveness is provided in the side bar. Two additional state summaries are provided in Appendix B. These states presented their data with NTAC at the Topical Workshop on Implementation and Student Outcomes. Many of these activities occurred during the 5th year of the project and were extended for another year under the no-cost extension funding.

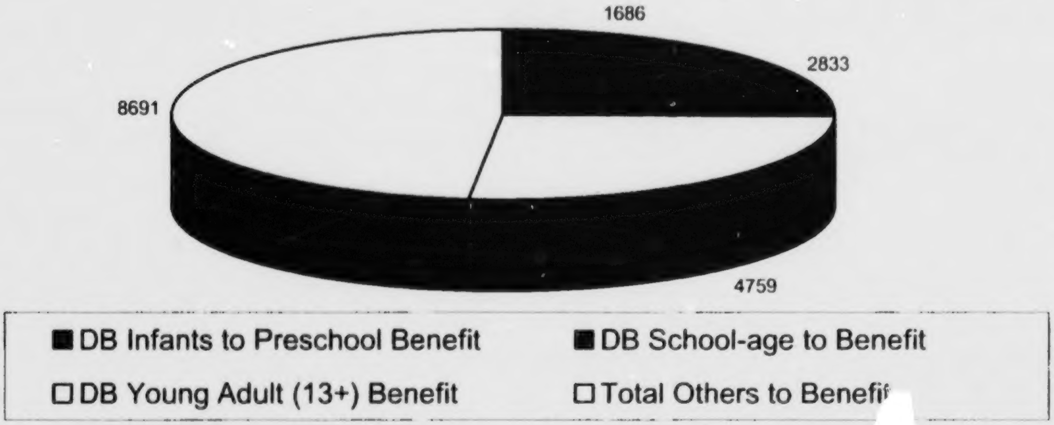


Figure I-5. Total Children and Youth to Benefit

4. ***Overall TAA outcomes.*** Outcome data were randomly collected upon the completion of state specific TAAs. The follow are a sample of outcome and impact statements most commonly reported by deaf-blind project staff and state specific TA recipients. Table I-2 shows these general outcomes. These statements are perceptions of change and are not documented by observations.

Table I-2. Outcome and Impact Statements

	Outcomes
Child	None
Effective placement practices	• Increased teaching skills and individual capacity of teachers and related servers • Increased interpreters capacity and skills related to deaf-blindness • Increased paraprofessionals skills and capacity • Increased transition planning with adult service providers
Project capacity	• Increased projects' evaluation knowledge and capacity • Increased capacity related to needs assessment
Family	• Increased awareness of family skills specific to their child, as well as general deaf-blindness

	Outcomes
	• Increased parent participation in child's special education • Increased parent leadership skills • Increased family organization capacities
Systems	• Increased capacity related to statewide Usher Syndrome screening and identification • Increased collaborative systems of services and strategic planning • Increased administrator knowledge and commitment to needs of deaf-blind students • Increased personnel and systems capacities for effective transition services • Increased systems capacity related to effective TAA and training • Increased systems collaboration and community employment outcomes

GPRA 1.1 NTAC is committed to responded to the critical needs of children and their families and being able to document how these critical needs have decreased because of the collaborative efforts of NTAC, families, state projects, and SEAs/LEAs. Changes in the new NTAC grant have addressed new strategies for documenting child results in response to GPRA.

__**Changes based on outcomes.**__ NTAC felt that it was feasible, in terms of costs and resources, not to attempt to collect the same levels of data on all TAAs We learned that the types and intensity of data collection should vary and correspond to the intensity of technical assistance. Long term activities and system's change initiatives should produce implementation and child/youth change data. It was determined that it is not cost effective to attempt to collect child changes from one-day trainings. NTAC is currently working with states to revise their Evaluation plans and to assist them in collecting implementation and child/youth outcomes so that NTAC can facilitate increasing accountability within the Federal initiatives (GPRA, Alternate Assessments, NCLB).

Service provider needs in the areas of communication, assessment, and transition will remain high due to the turn-over and the diversity of needs of the children/youth. NTAC needs to better document "what works" in the initiatives with states and to document how effective practices are used. Many of the effective practices in communication, transition, teaming, and inclusion are not specific to the deaf-blind field but are based on research with other populations. NTAC attempts to use practices that are both general and specific (such as CVI) when developing TAAs with the state projects.

GPRA 3.1 These activities also addressed increased communication with target audiences.

__**Evidence of Child Outcomes in Communication**__

- 7 out of 9 (78%) children showed increased in R&E communication (rate, forms, levels)
- Families were very pleased at being equally included in the teams
- Families were very satisfied with the Communication Maps and reports
- Increases in: active engagement in intervention/instruction; responsiveness to visual, auditory and/or tactile stimuli; receptive understanding of multiple forms/functions; expressive use of multiple forms/functions; interactions across home, school, community; active engagement in intervention/instruction.

__**What we did in area meetings**__. One of the Site Review recommendations was to build the capacity of states. During the final year of the project, needs assessments were conducted to

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determine the areas in which state projects felt they needed to gain knowledge and skills through training and networking. Each area selected different topics and formats for their meetings.

What difference did it make. Results of these meetings (Figure I-6) showed that states valued the opportunities to share strategies and procedures (40%) very highly. Opportunities for networking (24%) and learning about new practices and TA strategies (20%) were also seen as valuable. As a result of both NTAC activities and activities outside of NTAC, states have increased their capacities to (a) be more knowledgeable about effective practices, (b) provide training to families and service providers, (c) provide direct consultation to LEAs, and (d) produce and disseminate products.

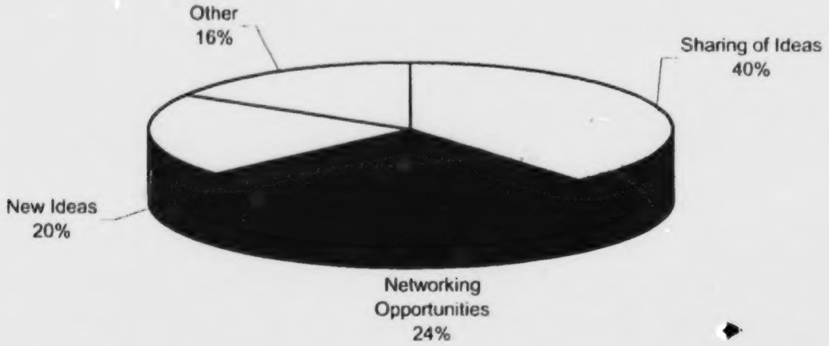

Figure I-6. Results of Area Meetings (44 State Reporting)

Changes that were made. NTAC and the states need to better document how the state project's capacity changed as a result of the Area meetings. Procedures to document the use of new strategies for delivering TA and collecting data will be developed by intranet state profiles. Based on the Site Review recommendations, NTAC also established a state Deaf-Blind listserv® so that networking and information exchanges among states would have yet another format. Currently, NTAC and OSEP use the listserv® to get information to the states. NTAC needs to strategize to encourage states to share more information with one another through the listserv®.

What we did in topical workshops. Surveys were sent to the state projects to determine needs and outcomes for the topical workshops. Eight topical workshops were held during the final four years of the projects. During the first year, four Regional Meetings were held. The recommendations of the Site Review team were taken into consideration for a number of the topics, including increasing the projects' capacity in assessment. Trainings in Cortical Vision Impairment (CVI), Central Auditory Processing Disorder, and Alternate Assessments were conducted as a few of the major topics.

GPRA 2.1 A major outcome of the Topical Workshops is to increase the knowledge and implementation (use) of high quality practices, methods, and access to materials. Many states also made sure that the information was communicated to service providers and families within their respective states.

What difference did it make. The projects (48%) felt that the training in Cortical Vision Impairment and Central Auditory Processing Disorder were utilized with the highest frequency (Figure I-7). Many states disseminated the information to the vision and hearing specialists within their states. Other states conducted trainings in their respective states to increase the awareness and to build local capacity in assessment and intervention. To a lesser degree, states felt that they increased their effectiveness in TA delivery, better managed their grants, initiated new directions, and expanded their knowledge as a result of the topical workshops.

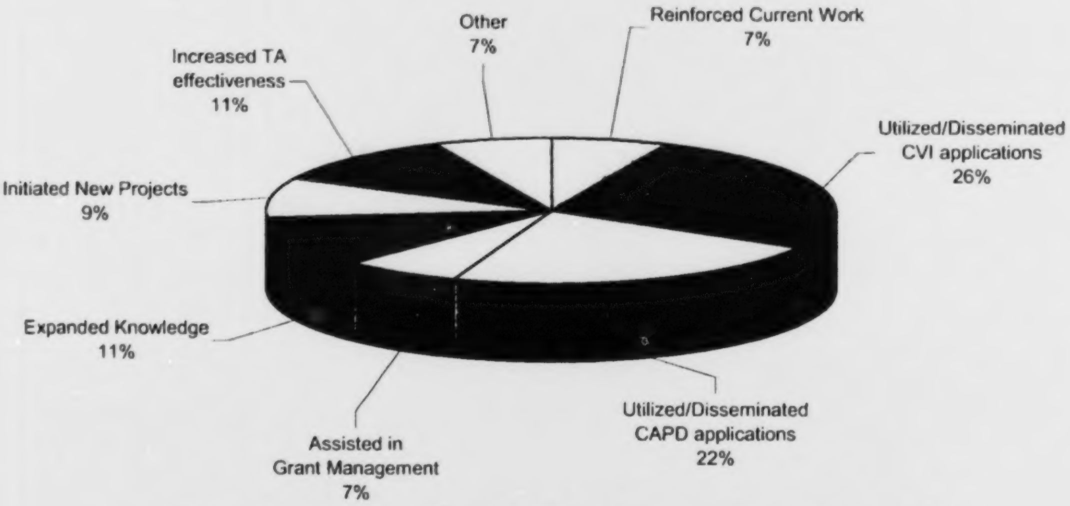

Figure I-7. Results of Topical Workshops (44 States Reporting)

Overall Evaluation of NTAC Activities

NTAC conducted an evaluation across all the five-year activities. The survey was sent to each state. Overall, TAA implementation data and the survey reflected the following results:

1. increase in program planning and grant management,
2. increase in awareness and motivation to measure implementation of practices and student outcomes,
3. increase in skills to deliver more effective TA that results in outcomes,
4. increase in knowledge of deaf-blindness and modifications,
5. increase in parent-professional collaboration,
6. increase in opportunities to network and collaborate with colleagues,
7. increase in knowledge through products and publications in collaboration with DB-LINK, and
8. increase in collaboration with state agencies to plan and implement systemic change activities.
9. increase in appropriately trained personnel
10. increase in states' capacity related to needs assessment, program and child evaluation

Overall child/youth outcome results are somewhat limited for the first four years of the project.

Those data that are available indicate that some of the major child/youth outcomes included:

1. increased number of appropriate receptive and expressive systems in place,
2. increase in the quality of IEPs,
3. increase in planning and implementation of transition, and
4. increase in the identification of students with Ushers.

Objective 1.4: Technical Assistance to Parents and Family Members

What we did. NTAC collaborated with the National Family Association For Deaf-Blind to plan and implement annual Parent Workshops. The Hilton-Perkins organization was also involved in conducting the workshops. Needs surveys were developed and sent to families to determine topics and outcomes. Other family technical assistance activities included collaboration with Hilton-Perkins to provide training for the state projects' family specialists so that they could more effective communicate and work with families within their respective states.

Communication and transition were two critical topics identified by the families for the Parent Workshops. A number of products were developed with the parents and disseminated nationwide (See Part II - Objective 1.4).

What difference did it make. Evaluations of the workshops (Figure I-8) showed that parents valued the opportunity to meet and network with other families. In addition to gaining information about communication systems and transition planning, families indicated that additional outcomes included:

> "It helped to know that there were others with similar needs out there."

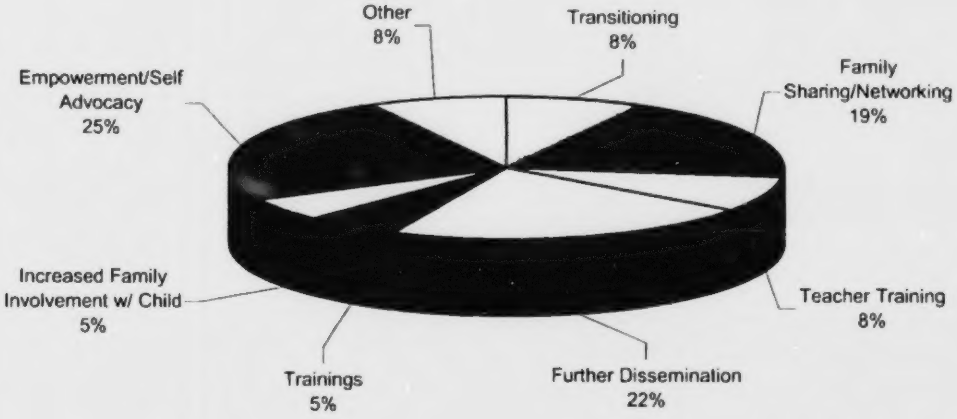

Figure I-8. Major Impacts and Results of National Family Workshops (44 States Reporting)

1. increase in advocacy efforts and self-determination,
2. increase in opportunities for interaction and networking,
3. increase in knowledge of resources and information,
4. increase in family involvement and interaction with their child,
5. increase in knowledge of IDEA, 504 and other Federal initiatives, and
6. increase in opportunities to disseminate the information to PTIs and other families.

GPRA 5.1 Outcomes from the family activities shows that NTAC was instrumental in increasing the number of families who are informed about appropriate services and programs.

Many state projects have family members who are paid employees on their projects. NTAC was responsive to requests to have specific trainings for these family members. Feedback to NTAC indicated that clarity in their roles and responsibilities on the projects in order to provide more effective TA to other families was a need and valued as a result of the trainings and interactions (Figure I-9). Participants also reported that they were able to provide more effective TA with the training tools that they learned.

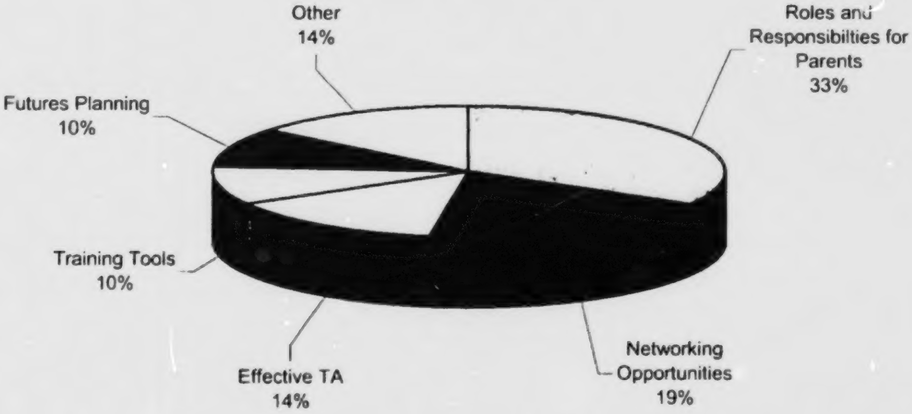

Figure I-9. Results of Family Specialist Trainings (44 State Reporting)

Objective 1.5: Technical Assistance to Young Adults

> "...we are better equipped to advocate for ourselves and to be more self-determined in our families and communities."

What we did. During the first year of the project, NTAC collaborated with the American Association for Deaf-Blind (AADB) to assist in developing a teen program in conjunction with the AADB conference. During the remaining years of the project, NTAC collaborated with the University of Minnesota in developing, sponsoring, and evaluating focus groups, mentor training, self-determination training, and field-testing of a self-determination curriculum.

What difference did it make. The results of numerous focus groups were utilized to develop priorities and subject areas for training and curriculum development. The teens who were involved in the training at AADB and field-testing the curriculum indicated that they had increased their advocacy and self-determination. Additionally, state project staff increased their capacity for training in a "train-the-trainer" model. However, youth who had cognitive disabilities were not included within any of the trainings or activities under this objective.

Changes that were made. NTAC feels that continued emphasis on "consumers" needs to be addressed by states in the Needs Assessment/TAA process. NTAC is specifically targeting 100 children/youth as "consumers" in the current grant. Children/youth who also have cognitive disabilities will be targeted in that group of students. NTAC will continue to collaborate with AADB in TA delivery and in documentation of outcomes.

Objective 1.6: Develop a National Data Base

What we did. A number of state projects were involved in working to modify the types of data collected on the national census. Additionally, new forms were developed and approved through the OSEP process. NTAC collected, analyzed and reported the census data for all of the states for each year of the project.

What difference did it make. The change in the census and related training has increased the consistency of data across projects. Although the missing data across states has decreased, some of the changes in the collection of census data (such as the dates of the last audiological assessment) have also contributed to other types of missing data. The data in Figure I-10 show that the data can now be compared across years more easily and different questions can be answered.

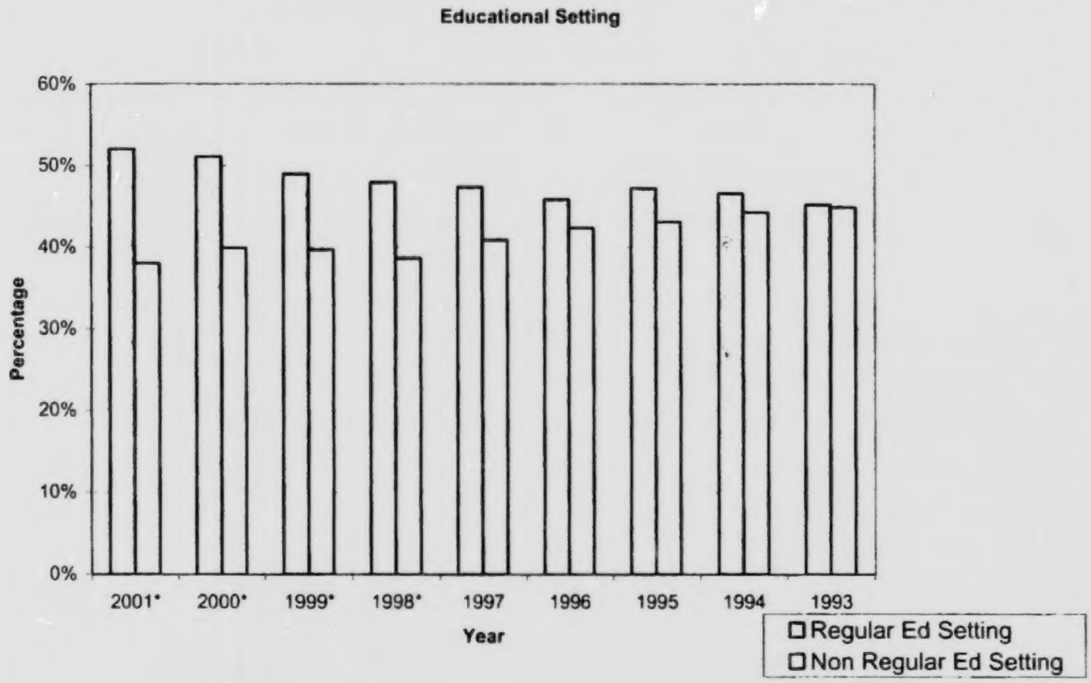

Figure I-10. Census - Educational Setting Across Years

Changes that were made. A few states continue to have some errors in their data as a result of not updating records. NTAC staff are continuing to work with states and to assist them to submit their data electronically so that it can be more easily analyzed.

Grant Activities

Collaboration

Thousands of informal technical assistance and collaborative activities occur on a monthly basis. The NTAC staff collect daily data on the type of contacts to: (a) state projects, (b) family members, (c) consumers, (d) LEAs, (e) SEAs, (f) Adult Services, (g) Model Demonstration projects, (h) other Federal projects, (i) Personnel Projects and other agencies and organizations. Figure I-11 shows the frequency of these contacts during the first five years of the project. The results of the collaboration include referrals, providing resource information, developing and facilitating TA, planning activities and events, and assisting families. Clearly, NTAC primarily collaborates with the states and one another to develop, deliver, and evaluate technical assistance activities. Addition coordination activities included those with families, state vocational agencies, and other Federal projects.

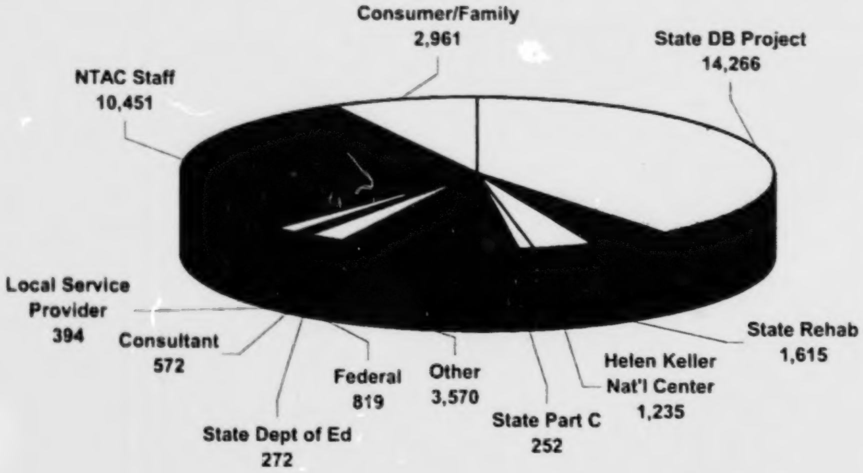

Figure I-11. NTAC Coordination and Collaboration Activities

GPRA 3.1 The following data show that NTAC has been very productive in communicating with target audiences.

Dissemination

The project has produced a number of products. Over 10,000 of these products have been disseminated within the United States by NTAC. DB-LINK and the states have also been active in disseminating the NTAC products. These products are outlined in Part II in detail. A number of these products was developed in collaboration with families and TA consultants. NTAC also supports a number of listservs® and the website in collaboration with DB-LINK. Figure I-12 provides an overview of the major products that have been disseminated.

GPRA 2.1 NTAC also used research results to develop new products, especially in the areas of transition (briefing paper), communication (Parent Fact Sheets), and the Topical Workshop Fact Sheets.

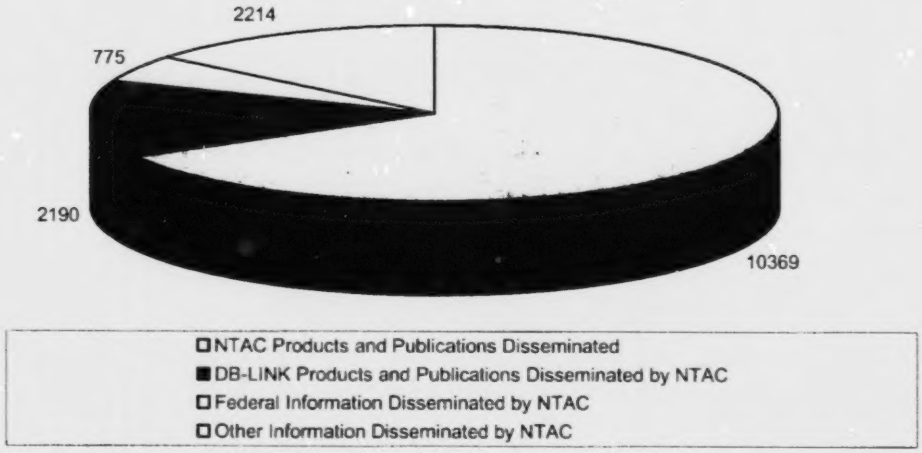

Figure I-12. NTAC Products and Publication Dissemination Activities

Follow-Along Studies

Surveys were sent to families who had older children exiting from school in 1998 and 2000. Initial results were not promising. Only a small percent of the youth had early transition planning, assessment and job placements by the age of 16. Very few of the youth went on to post secondary education placements. The data did indicate that the majority of youth did not use symbolic communication systems. Differences in the Follow-Along study between 1998 and 2000 showed that there was an increase in transition planning and a slight increase in the number of jobs for youth who are deaf-blind. Overall rates of job experience and services increased slightly across the years.

Supplement for Performance Indicators

San Francisco State University completed surveys with state projects and some families to determine areas of critical outcomes. NTAC used the initial work (from a supplemental) and developed "Outcomes and Performance Indicators" across: (a) System's Change Outcomes and Indicators, (b) Family Outcomes and Indicators, (c) Service Provider Outcomes and Indicators, and (d) Child/Youth Outcomes and Indicators (Appendix C). Evaluation and planning instruments have been developed and disseminated to states. A number of states are beginning to use the instruments and assist NTAC in the field test.

Conclusions

An overall rating of achievement is used specific to each objective. A summary of major data summaries is provided in Table I-3 - The Goal Attainment Scale. More specific detail of the activities that were implemented and specific data are provided in Part II – Accomplishments. The following rating of the level of accomplishment across the seven objectives is based on the data summarized in the Goal Attainment Scale in Table I-2 and the individual data discussed in Part II.

	Poor	Moderate	Good	Very Good	Excellent
1. State projects and stakeholders identified service needs and developed Long Range Plans.			X		
2. States maintained or increased the State-Local Team Partnerships.	X				
3. State projects and agencies were provided an array of technical assistance.					X
4. Parents were provided technical assistance for advocating and participating.				X	
5. Young adults were provided technical assistance on self-determination.		X			
6. A nationwide data base (census) was developed and maintained.				X	
7. Project Directors' Meetings were implemented with OSEP.					X
8. Evaluation strategies and forms for collecting documenting implementation and child outcome data are developed.			X--------	--------X	

Table I-3. Goal Attainment Scale for Final Performance Report (1996-2001)

TIMELINE BY OBJECTIVES

Objectives	Anticipated Outcomes	Goal-Attainment Scaling					Current
		-2	-1	-0-	+1	+2	
Obj. 1.1 To identify service needs & to develop long range state TA Plans							
What % of: • Stakeholders' mtg. planned & organized	85% completed by 9-30-97/by end of project	75%	80%	85%	90%	95%	93%/100%
• Stakeholders' mtgs were completed	85% completed by 12-31-97	75%	80%	85%	90%	95%	83%/100%
• TA plan written	85% completed by 1-31-98	75%	80%	85%	90%	95%	83%/96%
• TA plan approved	80% approved within 2 weeks	70%	75%	80%	85%	90%	83%
• Needs assessment process includes 2/3/4/5+ stakeholders	80% of states included at least 3 stakeholders	70%	75%	80%	90%	100%	80%
• NA process demonstrated gains (follow-up evaluation)	80% mean across states submitting	70%	75%	80%	85%	90%	90%
• States completed the evaluation	70% states completed the evaluations	50%	60%	70%	80%	90%	83%/100%
• Identify & prioritize TA needs	MT prioritized to determine workshops			compltd			compltd
• Data analyzed and sent to stakeholders/TASs	90% of all stakeholders receive results	80%	85%	90%	95%	100%	95%
Obj. 1.2 State-Local teams	At least 5 states will be maintained for SLT training	1	3	5	7	9	100%
	At least 5 teams for each state	5	10	15	25	35	50
	90% of students have transition plans	Data unavailable					increase
Obj. 1.3 To provide TA to agencies/organizations that serve (1) infants/toddlers, (2) preschoolers, (3) school age, and (4) *transition* age							
• Number of states with specific TAAs	90% of states had individual TA	80%	85%	90%	95%	100%	95%
• Number of TA agreements developed	300 TA agreements over 4 years	200	250	300	350	400	270
• # of formal TA activities with evaluation	90% TA activities have evaluation data	75%	85%	90%	95%	100%	75%
• # of semiformal TA activities implemented	500 informal TA activities/30 semiformal	300/	400/	500/	600/	700/	>500
• At least 1200 parents & service providers will benefit per year for 4 years	Parents and family (200)	600	700	800	900	1000	821
	Service providers(1000 per year)	2000	3000	4000	5000	6000	4105
• Trainees satisfied with training 3.4 (4.0 scale)	3.4 overall mean on satisfaction scale	3.0	3.2	3.4	3.6	3.8	3.66
• # of TAA demonstrated changed knowledge and skill	75% of trainees changed knowledge/skill base	40	50	60	70	80	52
• % of states participating in system change	20% of states changed capacity of system	0%	10%	20%	30%	40%	baseline
• % of TAs evaluated to Level 2 (satisfaction)	85% of all TAs have satisfaction measures	75%	80%	85%	90%	95%	83%
• % of TAs evaluated to Level 3/4 (change of awareness/skills)	75% of all TAs have change of knowledge/skill measures	65%	70%	75%	80%	85%	60%
• # of TAs evaluated to implementation	10 TAAs overall	0	5	10	15	20	15
• # of TAs evaluated to student change	5 TAA overall	0		5		10	11
• # of infants, toddlers, school-age children, youth to benefit (D-B)	2000 infants, children, youth w/deaf-blindness benefit (potential) (R) each of 4 years = 8000 (av)	6000	7000	8000	9000	10000	9907
• # of infants, toddlers, school-age children, youth to benefit (All)	1000 infants, children, youth w/DB & other disabilities each of 4 years = 4000 (av)	2000	3000	4000	5000	6000	8691

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Objectives	Anticipated Outcomes	Goal-Attainment Scaling					Current
		-2	-1	-0-	+1	+2	
Obj. 1.4 To provide TA to parents & family members							
• Annual needs assessment is developed & sent to families (1.3.1)	200 families completed survey	150	175	200	225	250	400
• Conduct an annual National Parent & Family Workshop	50 families participated (annually)	0	25	50	75	100	80 Av
• 80% of families were satisfied with training	3.4 overall mean on satisfaction scale	3.0	3.2	3.4	3.6	3.8	3.76
• Provide TA to NFADB to promote statewide parent organizations	3 new parent groups across 4 years	6	9	12	15	18	9
• Information developed & disseminated to families	Disseminated to 200 families	150	175	200	225	250	<250
• States involved in Family Specialist training.	20 Family Specialists/NFADB RAs	10	15	20	25	30	20
• Data analyzed and sent to families							
Obj. 1.5 To provide TA to young adults who are deaf-blind							
• Develop a knowledge base across 4 focus groups	Completed four focus groups	2	3	4	5	6	7
• Conduct 2-3 day Self Advocacy Workshop for consumers	Workshop completed & evaluated (R)			compltd			compltd
• Trainees satisfied with training at 3.4 (4.0 point scale)	3.4 overall mean on satisfaction scale (R)	3.0	3.2	.34	3.6	3.8	3.22
• Trainees increased awareness	Outcomes	Individual Action Plans					
• Number of consumers providing input	20 consumers	10	15	20	25	30	33
• Mentor training	10 consumers involved	6	8	10	12	14	13
Obj. 1.6 To develop a nationwide data base of demographic characteristics							
• Examine existing data bases & reporting formats	Task force planning			compltd			C
• Data base on the infants, children, youth who are deaf-blind	Data base on 11,000 infants, children, youth	10000	10500	11000	11500	12000	10073
• Reporting format for decision-making utilized	Stakeholders' meeting			compltd			C
Obj. 1.7 To provide planning & managerial support for PDM							
• States submitted survey to identify critical issues	70% of states submitted surveys	60%	65%	70%	75%	80%	>70
• State attending	50 (out of 54) projects had representation	46	48	50	52	54	52
• Participants satisfied with sessions at 3.4	3.4 session mean on satisfaction scale	3.0	3.2	3.4	3.6	3.8	3.69 Av
Obj. 2.1 To implement outcomes measurement system							
• 90% of objectives & outcomes will be reviewed quarterly	Level of action taken each quarter	2x/yr	3x/yr	4x/yr compltd	5x/yr		C

C = Completed
O = Ongoing
P = In planning

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PART II – PROJECT STATUS

This section of the NTAC final report provides a detailed account of the activities across each objective and the accomplishments that resulted from the activities. The qualitative and quantitative data displayed in the following tables and appendices was used to develop the project's effectiveness statements in the preceding Executive Summary.

Objective 1.1: To Assist State Deaf-Blind Projects and Critical Stakeholders to Identify Service Needs and to Develop State Long Range Technical Assistance Plans

The purpose of the project's first technical assistance objective was to assist states in the identification of their statewide needs while using the input of multiple, relevant stakeholders. Activities related to this objective included:

- Planning and implementing a state specific needs assessment process
- Developing a state specific Long Range Technical Assistance Plan (LRTAP)
- Determining technical assistance approaches for successfully implanting the Long Range Technical Assistance Plan

Summary for Objective 1.1

Needs Identification and the NTAC Stakeholders Process

During year 1, NTAC staff began the process of planning, facilitating, and conducting state specific Needs Identification activities through the project's stakeholders' meeting model. This model called for collaborative efforts by NTAC staff and Deaf-Blind project directors to: (a) identify the critical "stakeholders" in each state who were, or could be, serving children and youth with deaf-blindness and families; (b) collaboratively identify the strengths, needs and resources of each agency, service provider, parent organizations and consumers within each state needed to build or enhance services; and (c) articulate these into a written Technical Assistance Plan to guide NTAC and other collaborative technical assistance activities for the state. A standard stakeholders' meeting included multiple stakeholders, representing agencies serving children and young adults with deaf-blindness, and parents (see Table II-1).

Table II-1. Agency Representation at Stakeholders' Meetings

Agency	Frequency	Percent
State and Multi-State Staff	40	100
Vocational Rehabilitation Staff	31	77.5
Commission for the Blind	19	47.5
Part C	20	50
Family	29	72.5
Consumer	25	62.5
Mental Health	7	17.5
Developmental Disabilities	19	47.5
Department of Education/Special Education	26	65
Higher Education/University Affiliated Programs	19	47.5
Medicaid	4	10
Helen Keller Regional Representatives	20	50
Helen Keller Affiliates	10	25
Local Education Agencies	4	10
State School for the Deaf/Blind	15	37.5

Agency	Frequency	Percent
Advocacy	8	20
Social/Human Services	6	15
Adult Services	5	12.5
Adult Services for Deaf, Blind or Deaf-Blind	6	15
Regular Education	2	5

A number of states requested variations to the standard stakeholders' meetings and many states found it difficult to organize stakeholders' meetings as originally proposed. As such, variations to the process were made by NTAC in order to meet timelines and be responsive to states. NTAC responded to these requests by developing a range of possible Stakeholder meeting formats for state's use. The types of stakeholders' meetings for each respective state and needs identification process are presented in Table II-2.

Table II-2. Types of Stakeholders' Meetings

Types of Meetings	States
NTAC and state project sponsor a meeting of key stakeholders. Interests and positions are identified; collaborative solutions are explored; TA needs are written and prioritized. TA plan is written with interested agencies.	Facilitated primarily by NTAC: AL, D.C., FL, ID, IL, KY, LA, MD, MN, MS, MT, NM, OR, TN, TX, UT, VA, VT, WA, WV Facilitated primarily by an outside consultant: GLARC, IA, IN, KS, MO, NJ, PR, SC, VI
NTAC participates in a meeting of an existing state interagency group. TA needs are identified and prioritized.	CO, NE, WY
NTAC meets with major stakeholders separately. TA needs are identified. NTAC develops a TA plan for NTAC TA and obtains agreement to involve multiple agencies in the TA.	None
Interagency meeting is held without NTAC and prioritized needs are shared with NTAC.	AK, AZ, DE, GA, MI, ND, NV, PA, PAC RIM
A needs assessment is conducted across a large representative sample of stakeholders' via mail. Needs are prioritized through data analysis.	NEC (CT, MA, ME, NH), SD
No stakeholder meeting, interagency meeting, or needs assessment across agencies or organizations.	NC, OK, RI
Other	CA, HI, NY

Participant satisfaction. Participant satisfaction with the NTAC/State Needs Identification process was conducted on completion of the stakeholders' meetings. When NTAC staff facilitated the meeting (rather than an outside facilitator), participants indicated that the outcomes of the meeting were clearer and the meeting was a more valuable use of their time. The majority of meetings had agency representation from all age ranges and provided benefit to multiple agencies and staff. Participants indicated that families and consumers in their states would benefit from the technical assistance activities identified in the needs identification process and that a different process may not have as successfully identified the states needs.

NTAC staff also evaluated the state/NTAC Needs Identification process. In meetings, which were directly facilitated by NTAC, a greater number of agencies representing a broader spectrum of ages were participants. More parents also participated in the NTAC sponsored meetings and there was a broader awareness in relation to the purpose of the meeting and the availability of NTAC TA in meetings directly facilitated by NTAC staff.

Changes in attitudes, values and knowledge. Changes in participant knowledge related to the state/NTAC Needs Identification process was conducted. This included measuring change in the participant's values, attitudes and knowledge towards increased partnerships, collaborative technical assistance planning and delivery; funding; and local capacity building. Attitudes that are more positive were indicated in those meetings facilitated by NTAC staff, as well as a higher motivation of stakeholders to initiate collaborative activities.

State Long Range Technical Assistance Plans

All state and/or multi-state deaf-blind projects identified needs and developed state Technical Assistance Plans related to NTAC technical assistance by the end of the project. Typically, 1-4 meetings were required to complete the Needs Identification and initial state Technical Assistance Plan process for each project. Although the numbers of meetings required to complete the process was more than originally anticipated, there were no adverse impacts to the projects work scope or budget. At the end of year 5, NTAC conducted a summary evaluation of the status of the existing Long Range Technical Assistance Plans. This summary indicated that:

- Seven (7) projects used the existing Long Range Technical Assistance Plans in the new NTAC grant cycle
- Twenty-nine (29) revised the existing plan during the new NTAC grant cycle
- Nineteen (19) developed new Long Range Technical Assistance Plans in the new cycle.

Table II-3. Summary of Long Range Technical Assistance Plans (LRTAP)

Status of Long Range Technical Assistance Plans	
Will the state's existing LRTAP be carried into the next grant cycle? (This includes those LRTAPs that were revised or amended in the last grant cycle)	Area 1 - AK
	Area 2 – MI, MN
	Area 3 - NC, OK, TN, VI-on hold
	Area 4 -
Will the states existing LRTAP be revised/amended for the next grant cycle? (This includes those LRTAPs that you anticipate will be revised or amended at the beginning of this grant cycle.)	Area 1 - AK, CA, CO, ID, MT, UT, WA, WY
	Area 2 – GLARC, IL, IN, MO
	Area 3 - AR, FL, GA, KY, LA, PR, SC, TX
	Area 4 - DE, MA, MD, ME, NJ, PA, RI, VA, VT
Will an entirely new LRTAP be developed for the new grant cycle? (This includes those LRTAPs that you anticipate will be totally re-written at the beginning of this grant cycle)	Area 1 - AZ, CO, HI, NM, NV, OR, UT
	Area 2 - IA, KS, ND, NE, SD
	Area 3 - AL, LA, MS
	Area 4 - CT, NH, NY, WV

Individual State Long Range Plans and Outcomes

Appendix A shows the Long Range Plans and desired outcomes and the effectiveness of achieving those outcomes. These outcomes were analyzed to summarize overall effectiveness.

Objective 1.2: To implement "State-Local Team Partnerships" for Establishing Coordinated, Family and Person Centered Services for Infants Through Transition-age Children and Young Adults who are Deaf-blind

The purpose of this objective was to replicate and expand a 24 month Technical Assistance Model and Curriculum Package developed by the Helen Keller National Center-Technical Assistance Center (HKNC-TAC). The activities were to enhance the provision of transition services for children and young adults who are deaf-blind. The outcomes of the model include: (a) the development of state, regional and local planning teams; (b) individualized child and family services planning; and (c) the evaluation of self-monitoring systems.

Summary of Objective 1.2

Based on the initial technical assistance needs information, a review of project staff time and resources, and a review of the project's budget allocation, the NTAC Management Team determined it would also be more time and cost effective to merge the activities of Objective 1.2 with the activities of Objectives 1.1 and 1.3 and to replicate and disseminate the existing State-Local Team Partnership (SLTP) model.

Thus, specific state identified needs, based on the priorities established by the state stakeholders' meeting process and their accompanying Technical Assistance Agreements, were used to include states in the SLTP training.

Cohort Workshop

Before the beginning of the NTAC project, the HKNC-TAC project successfully initiated the SLTP Model with 12 states. Important to the maintenance of the SLTP model was an activity identified as a Cohort Workshop. The primary goal of this workshop was to allow partnership teams to share successes and problem-solve barriers common across the states. Since these SLTP model sites continued to operate and received technical assistance from NTAC staff, it was determined that a Cohort Workshop should be conducted to assist with continued maintenance of the teams. In addition to several of the original states involved, additional states were added based on the NTAC Stakeholder and TAA process. The Cohort Workshop was conducted in Kansas City, Missouri on July 10-11, 1998. Fifty-two participants from 11 states attended the workshop. The participants represented membership on previous, as well as newly developed State-Local Team Partnership. However, only 9 states participated in data collection activities.

Table II-4. Numbers of Original and New Teams and Number of Students Served

State	# Teams Initially Established	# Additional Teams Trained	# Teams Currently Functioning	Total # of Students
Arizona	1	0	3	10
Hawaii	NR	NR	NR	NR
Iowa	2	9+	11	11
Kentucky	19	14	15	28
Michigan	4	4	3	11
Missouri	1	4	5	50+
North Carolina	4	4	4	25+

New Jersey	4	4	2	8
Pennsylvania	5	3	3	8
West Virginia	Not Reported	Not Reported	Not Reported	Not Reported
Kansas	5	0	5	7

A needs assessment was developed and sent to the participating states to identify critical training needs to be addressed in the workshop and future activities. Areas identified by the recipients as being priorities for inclusion in the Cohort meeting agenda, follow.

Table II-5. Training Needs Identified by Participants

Rating Score	Topic
13	Training In-state trainers to initiate and support new teams
10	Reaching out to un-served or under served groups
9	Evaluating outcomes of the State -Local Team Partnership
8	Working with state Transition systems Change Projects and/or School to Work Projects
6	Strategies for orienting new team members
2	Ideas for funding future partnership activities
2	Enhancing communication between teams
2	Other - Strategies for getting commitment from new members

Evaluation of participants' change in awareness. Outcomes indicated increased motivation to implement and share information presented across the workshop sessions, as well as an increase in their awareness of the subject matter presented.

Changes in the knowledge and skills. Of the sixty-three participants indicated that the workshop definitely change their knowledge and skill levels, whereas 32% indicated that their knowledge and skills were somewhat changed. Only 2% indicated no change and 3% did not respond. Action plans were developed by eight of the 11 (73%) participating states. Analysis of these action plans indicated that (a) expansion of the existing teams, (b) increasing the diversity of team membership, and (c) developing and updating materials were the team's highest priority.

Table II-6. Analysis of Action Plans

Outcomes	Frequency of States Identifying Outcome	Ranking
Expand the number of teams	5 AZ, IA, MI, NC, PA	1st
Increase the diversity of teams	3 KS, MI, PA	2nd
Develop and update materials	2 NJ, PA	3rd
Implement Trainer of Trainer approach	2 AZ, PA	3rd
Develop interagency agreements	2 NY, NC	3rd

Eight states targeted ongoing technical assistance related to the development of new or expansion of existing partnerships and teams for their secondary transition-aged students and three states maintained their teams with no additional NTAC technical assistance. Indicators used to document systems change efforts reveal that the teams have successfully:

- Expanded the numbers of teams in their states
- Increased the diversity of the teams
- Increased teams capacity to conduct Person Centered Planning
- Increased teams abilities to train and increase the capacity of others
- Increased the use of effective transition planning strategies

No youth change data was reported by these states.

Objective 1.3: To Provide Technical Assistance to Public and Private Agencies, Institutions and Organizations that are Responsible for: 1) Infant and Toddler Services, 2) Preschool Services, 3) Educational and Related Services; and 4) Transitional Services, in Order to Establish Effective Practices Which Increase Local Services and Personnel Capacity

The purpose of the third technical assistance objective was to provide the framework for the technical assistance planning and delivery process used by the project. The process was flexible and fit the needs of specific states, in combination and individually. The first activity of this objective was inherent with the needs identification process described for Objective 1.1 and entailed the gathering of need assessment information to guide the actual planning process. This information was combined with other identified needs, such as the recommendations from individual project site reviews and needs information collected directly from state and multi-state project staff. The second and third activities addressed developing technical assistance activities related to these needs and the implementation, follow-up and evaluation of the technical assistance activities. A formal Technical Assistance Agreement (TAA) was developed consistent with the needs identified in the state Technical Assistance Plan. These TAAs specifically delineated the outcomes; content, methods, practices, and strategies to be focused upon; fiscal and personnel resources and responsibilities; and timeliness for each activity. In addition to the formal state specific Technical Assistance Agreements developed, a comprehensive array of technical assistance activities was implemented by NTAC. This array included:

- State specific, technical assistance identified and delivered through formal TAAs
- State specific, technical assistance identified and delivered through semi-formal TAAs
- Area meetings
- National workshops held on state prioritized topics and effective practices
- Focus Groups

(Note: additional national meetings such as the Annual Project Directors meetings and the national family activities are discussed under their respective objectives.)

Summary for Objective 1.3

Formal State and Multi-State Technical Assistance Agreements

At the end of the five-year grant cycle, 270 state specific Technical Assistance Agreements (TAAs) had been developed and implemented. No-cost extension dollars (from TRACES and TAC) were used to fund 1st year TAAs. Most activities during Year 1 included needs assessment and not new TA. Of these 270 TAAs, 203 were completed with evaluation data submitted. These TAAs addressed both state and multi-state activities and they consisted of single, discrete activities or a series of multiple activities based upon the specific Technical

Assistance Plan, which they were developed to support. A variety of recipients, content areas, and TA delivery formats were targeted in the TAAs. Although these TAAs were developed with a variety of recipients, the largest percentage were written with state deaf-blind project staff.

Content. The content of the TAAs was dependent upon the specific Technical Assistance Plan (TAP) and developed to help achieve the identified outcomes in the TAP. Although the majority of the TAAs addressed training of practitioners and parents, a range of content areas were addressed including systems change and development activities as well as deaf-blind specific training. Table II-7 illustrates the various content areas addressed in the specific TAAs.

Table II-7. Content Areas Addressed in Technical Assistance Agreements (TAAs)

Content Area	Number	Content Area	Number
Strategic Planning	53	Overview of Deaf-Blindness	15
Effective Practices	34	Usher Syndrome	13
Parent/Family/Consumers	32	Person Centered Planning	13
Technical Assistance Planning	30	Evaluation	10
Communication	28	Identification/Census	8
Transition	25	Local/State Team Partners	8
Team Building & Collaboration	22	Supported Living	8
Technical Assistance Delivery	22	Behavior Management	5
Supported Employment	22	Functional Vision	4
Curriculum/Methodologies	20	Orientation and Mobility	3

As with the recipient and the content for each TAA, the format in which the identified technical assistance was delivered varied greatly depending upon the needs identified in the planning process. The format for individual TAAs varied from planning meetings less than a day in duration, to week-long trainings. The use of consultants within the activities included:

- 55 activities which used only NTAC staff,
- 30 activities which used NTAC and outside consults in combination, and
- 91 activities that relied on external consultants.

However, over the five-year period more NTAC staff were utilized more frequently, often at the state's request.

Numbers of participants. Approximately 4926 individuals, representing a wide range of providers, as well as 821 family members, and 107 consumers have been recipients of the 270 NTAC TA activities. Table II-8 illustrates the breakdown of participants in formal TA activities for each year of the project. Persons representing groups who had the highest numbers of participants in TA activities include:

- Teachers
- Related service personnel
- Family members
- Adult service personnel

Table II-8. Participants in Technical Assistance Activities

	1997	1998	1999	2000	2001	Total
Family Members	0	235	252	152	182	**821**
Consumers	0	9	51	26	21	**107**
Teachers	10	417	273	234	131	**1065**
Consulting Teachers/Specialists*	.	0	38	145	103	**286**
Related Service Personnel	3	311	321	206	119	**960**
Para-Roles*	.	0	34	80	33	**147**
Adult Service Personnel	0	123	293	194	54	**664**
Administrators*	.	1	49	86	48	**184**
Others	0	53	141	94	50	**338**
Not Specified	0	152	87	115	0	**354**
Total Number of Participants	13	1301	1539	1332	741	**4926**

*(*Note: data were not collected prior to April 1999.)*

Children and youth benefiting. In addition, over 18,500 children and youth have potentially benefited from NTAC's TAA activities. This number does include a duplicative count across training and years. These include infants, toddlers, preschoolers, school-age children and young adults who are deaf-blind, as well as their families. Table II-9 illustrates the breakdown across age ranges. Young adults (13+) appear to be the largest age group impacted by NTAC TA.

Table II-9. Children/Youth Benefiting from Technical Assistance Activities

	1997	1998	1999	2000	2001	Total
Total Children and Youth to Benefit	**7**	**4270**	**7102**	**5297**	**1904**	**18580**
DB Infants to Preschool Benefit	0	545	851	487	242	1686
DB School-age to Benefit	7	825	1234	601	166	2833
DB Young Adult (13+) Benefit	0	995	1892	1411	461	4759
Total *Deaf-Blind* to Benefit	7	2382	4011	2626	881	9907
Total *Others* to Benefit	0	1888	3109	2671	1023	8691

Many additional children with disabilities appear to have also benefited from NTAC's TA activities as illustrated in the following Table. These data may count some of the same children across trainings and across years.

Specific State Technical Assistance Agreement Evaluation Measures

A variety of evaluation activities were negotiated with the states in the state specific TAAs and collaboratively conducted by project staff. These varied by state and were often dependent upon the state to collect follow-up data and change measures. Evaluation measures related to the TAAs included:

- NTAC satisfaction measures
- Non-NTAC satisfaction measures
- Kaizens for formative decision-making
- Demographic information
- Process information
- Change in Awareness

- Change in Knowledge and Skill
- Change in Systems and Capacity Building
- Narrative outcome and impact statements
- Case examples

Satisfaction measures. Satisfaction was conducted on 147 of the possible 270 TA activities (83%) conducted. Of the 147 satisfaction scores submitted, 98 (67%) were conducted using the NTAC developed 4-point satisfaction rating scale. This scale assesses:

- Overall satisfaction with the technical assistance activity
- Satisfaction with the activities organization
- Satisfaction with the learning activities and accomplishment of the objectives stated for the activity.

Table II-10 summarizes the range and mean scores of the satisfaction evaluation measures for the TAAs activities completed. Overall satisfaction scores revealed that participants have been extremely satisfied with NTAC state specific TA activities.

Table II-10. Range and Mean Scores of Satisfaction Evaluation Measures

Evaluation Measure Conducted	Number Conducted	Percent of Total	Range	Mean
NTAC Satisfaction Rating	98	66.7		
Overall Rating	94	95.9	1.35	3.66
Organization Rating	90	91.8	1.73	3.58
Activities/ Objectives Rating	92	93.9	1.21	3.74
Non-NTAC Satisfaction Rating	49	33.3		
Overall Rating	45	91.8	1.46	3.61
Organization Rating	35	71.4	1.50	3.60
Activities/ Objectives Rating	39	79.6	1.44	3.64

Kaizen techniques, or the simple brainstorming of what worked and what did not work with a TA activity were conducted during, and after many activities in order to provide information to make "mid-stream" and after the event changes in agenda, activities, content, etc for the event.

A variety of **process information** was also collected during the five years of the project. This information was used both formatively and summative for project management decisions and impact analysis. Data were collected across the following variables:

- Relationship of the TAA to the long range Technical Assistance Plan
- Type of consultants delivering the TA
- Level of TA (Planning, Short-term, Long-term)
- TAA focus/content areas
- TA and System's Change strategies used
- Technical Assistance Delivery format

Eighty-six percent of state specific TAAs were in agreement with and supported the states long range Technical Assistance Plan. Thirty-three activities addressed state planning needs, 115 were short term activities and 42 were long term or state initiatives. The technical assistance strategies most commonly employed were: (a) training for personnel development and individual capacity building; and (b) TA planning.

Systems intervention and change strategies employed most frequently included: (a) strategic planning for project initiatives; (b) initiative implementation including model development and field testing; and (c) training related to the initiative

Change measures collected in collaboration with participating states related to evaluating **Changes in Awareness, Changes in Knowledge and Skills, and Systems Change** as a result of the TA activities.

Changes in systems and capacity building. These measures were collected through an NTAC developed matrix designed to track the types and levels of system intervention and capacity building used in a state specific initiative. Appendix D presents the matrix and examples of performance indicators that were used to track movement in systems related to capacity building and change. This system's intervention movement provided information related to successful strategies and captured the transition of activities from short-term, one-time trainings to model development/field-testing on local level and state levels to refinements, replications and/or expansions within the local or state initiative. Differing stages of the states system's interventions were documented as planning, development, implementation, and evaluation.

For example, in Delaware the states Community Employment Initiative grew in time from planning and awareness activities, to the development of an interagency partnership to plan and develop the initiative to the interagency implementation of the model, resulting in the employment of several deaf-blind adults in the community. This change in systems capacity was tracked on the matrix over a several year period of time.

TAA outcomes. Outcome data were randomly collected upon the completion of state specific TAAs. The follow are a sample of outcome and impact statements most commonly reported by deaf-blind project staff and state specific TA recipients. Table II-11 shows these general outcomes. These statements are perceptions of change and are not documented by observations.

Table II-11. Outcome and Impact Statements

	Outcomes
Child	None
Effective placement practices	• Increased teaching skills and individual capacity of teachers and related servers • Increased interpreters capacity and skills related to deaf-blindness • Increased paraprofessionals skills and capacity • Increased transition planning with adult service providers
Project capacity	• Increased projects' evaluation knowledge and capacity • Increased capacity related to needs assessment

	Outcomes
Family	• Increased awareness of family skills specific to their child, as well as general deaf-blindness • Increased parent participation in child's special education • Increased parent leadership skills • Increased family organization capacities
Systems	• Increased capacity related to statewide Usher Syndrome screening and identification • Increased collaborative systems of services and strategic planning • Increased administrator knowledge and commitment to needs of deaf-blind students • Increased personnel and systems capacities for effective transition services • Increased systems capacity related to effective TAA and training • Increased systems collaboration and community employment outcomes

Case examples were collected to document services, relationships, conditions, outcomes, and reflections (attitudes, motivations, dreams) that occurred in an individual's life. Case examples were used as formative and summative evaluative measures to show effectiveness and to attempt to connect services, strategies, and relationships to positive outcomes. These case examples were also used as needs assessment to demonstrate services, effective strategies, or positive relationships. Three examples can be found in Appendix E.

Semiformal Technical Assistance Action Plans

Semiformal technical assistance activities were those activities that were provided by NTAC, but which were not directly tied to, or identified in the recipient's Technical Assistance Plan. Semiformal activities were defined as low cost that entailed no more than one day of staff time to implement. Activities considered semiformal included: assisting states to facilitate a meeting; speaking at local, state, or project advisory boards; assisting in the assessment strategies for a child; or demonstrating techniques in a classroom.

Semiformal technical assistance activities were developed on NTAC Action Plans and documented the outcomes and activities of the TA being provided. These activities included:

1. Planning and developing core training teams
2. Providing transition planning information training for consumers with Usher Syndrome
3. Providing training to become Support Service Providers
4. Conducting personal futures planning workshops
5. More in depth needs identification and assessment
6. Awareness training related to deaf-blindness
7. Presenting to state and multi-state project advisory boards
8. Providing information on interpreters
9. Developing best practice dissemination networks
10. Facilitating team building; increasing family involvement and participation
11. Development and conducting specific statewide evaluation activities

Satisfaction. These data were randomly collected on the semi-formal activities and average satisfaction ratings were of 3.64 on a four-point scale.

Informal Technical Assistance Activities

Informal TA activities were defined as those activities, which cost less than $100.00 to deliver and entailed less than one day of staff time. These activities did not have measurable outcomes other than documentation of information sent; resources accessed and telephone coordination and calls. The majority of informal TA was documented on the Coordination and Collaboration Summaries.

Topical Workshops and National Trainings

NTAC conducted a variety of national workshops and activities, (in addition to the annual Project Directors' meeting) throughout the five years of the grant. These activities ranges from Area orientation meetings and Area meetings, to national workshops held on state prioritized topics and effective practice, to Focus Groups.

Area orientation meetings. One of the major activities of the project's first year included the planning and organization of the stakeholders' meetings necessary for the initial technical assistance needs identification process to be held within each state. In order to lay the initial groundwork for this needs identification process, as well as to disseminate the work scope and technical assistance model to be used by NTAC, four Area Orientation meetings were held in Atlanta, St. Louis, Philadelphia and Sparks, Nevada. The goals of these meetings were to disseminate information related to the workscope of the newly funded NTAC project and to increase the participants' knowledge of:

- Procedures for the identification and assessment of children and young adults who are deaf-blind
- Strategies, which the project would use to identify, plan and deliver training and technical assistance
- Service systems within states
- Effective strategies to increase coordination and collaboration between agencies

Two hundred and fifteen (215) individuals representing 50 states and territories attended the four Area Orientation Meetings (Table II-12).

Table II-12. Area Orientation Meeting State Representation

Area	# of Participants	# of States Attending	States Attending
Area I - January 22-24, 1997 Sparks, Nevada	58	13	AK, AZ, CA, CO, Guam, ID, MI, MT, NV, NM, OR, UT, WA
Area II - February 26-28, 1997 St. Louis, Missouri	52	12	HI, IA, IL, IN, MN, MO, NE, ND, OH, SD, WI, WY
Area III - February 5-7, 1997 Atlanta, Georgia	54	13	AL, AR, FL, GA, KY, LA, MS, NC, OK, PR, SC, TN, TX
Area IV - March 19-20, 1997 Philadelphia, Pennsylvania	51	12	CN, DE, DC, MA, ME, MD, NJ, NY, PA, RI, VA, VT

Participant satisfaction. Satisfaction measures for the organizational and learning activities were conducted within each of the four Area Orientation meetings. Overall satisfaction for the four meetings was 3.3 (four point scale), with a range from low of 2.64 to a high 3.59. The project staff used individual meeting evaluations to revise and refine the agenda and content of subsequent meetings.

Area meetings. Based upon needs assessment information gathered through NTAC's Interest Survey process, Site Review recommendations, and requests from the state Deaf-Blind project Directors and staff, Area meetings were also held in 2001(project year 5). These Area meetings were funded on a cost-sharing basis with each participating state and NTAC. Although the meeting planning and logistical arrangements were facilitated by the NTAC Technical Assistance Specialists, the specific content and agenda were planned by the states working in collaborative workgroups with NTAC. A variety of content was presented dependent upon the needs identified in the specific area. These topics included:

1. TA and training strategies for delivering services at a distance and video technology
2. Outcome evaluation
3. Interveners
4. TA to Families
5. Providing TA with limited resources
6. Sharing resources across state lines
7. Central Auditory Processing Disorder
8. Alternate Assessment
9. Collaboration with Part C
10. Critical problem solving skills
11. Family services

Ninety-four (94) participants from 40 states participated in the Year 5 area meetings. A variety of evaluation measures were conducted dependent upon the Area meetings and their respective identified outcomes. Participant satisfaction averaged 3.7 on organizational satisfaction and 3.88 for learning activities (4 point scale) across the workshops.

Immediate outcomes reported as a result of the Area meetings include:

- Implementation of new TA and training strategies based on video technology
- Collaborative TA and training across states
- Project resource and skills sharing
- Increased inter-state collaboration and sharing throughout the region
- Increased knowledge of CAPD
- Increased knowledge of family services and family needs
- Inter-state support networks for exchange of ideas and resources
- Established inter-state support networks and systems of information exchange between projects
- Plan future strategic collaborative activities
- Increased referral activities with Part C systems

Table II-13 indicates the number of participants, states, and territories, which participated in their respective Area meeting.

Table II-13. Area Meeting Descriptions

Area	Number of Participants	Number of States/Territories Attending	Specific States Attending
Area I - August 24-25, 2001 Portland, Oregon	24	11 of 14	AK, CA, CO, ID, MT, NM, OR, PB, UT, WA, WY
Area II - August 16-18, 2001 Minneapolis, Minnesota	19	10 of 11	IN, IA, KS, MI, MN, NE, ND, OH, SD, WI
Area III - July 16-17, 2001 Atlanta, Georgia	26	10 of 14	AL, AR, GA, KY, FL, MS, PR, SC, TN TX
Area IV - Dec. 3-4, 2001* Philadelphia, PA	25	9 of 11	DE, MD, NH, NJ, NY, PA, VT, VA, WV

Additional Area meetings were held during the annual Project Directors Meeting in Washington, DC. These meetings provided opportunities for sharing information and strategies across states, planning collaborative TA activities and dissemination of information specific to an Area.

National workshops. Throughout NTAC's five-year grant cycle, a variety of topical, national workshops were held throughout the country. Topics for the workshops were based on annual needs assessment with the projects, as well as national issues of significance based on federal direction and IDEA '97 (i.e. alternate assessment, access to the general education curriculum). These workshops, as were the Area meetings, were funded on a cost-sharing basis with each participating state and NTAC. Although the meeting planning and logistical arrangements were facilitated by the NTAC Technical Assistance Specialists, the specific content and agenda were planned by the states working in collaborative workgroups with NTAC. The intent of the outcomes targeted for each was the enhancement of project capacity and capacity building related to the identified topics for each. Language translators for non-English speaking participants and interpreters (ASL and tactile), as well as Brailed and large print materials were provided for the national topical workshops. A total of 16 national workshops were conducted. Table II-14 details the number of individuals and states participating, the major content presented, and participant satisfaction scores for each workshop.

Table II-14. National Workshop Descriptions

Workshop	Content	# of Participant	# of States	Mean Satisfaction	Major Results
National Evaluation May, 1997 Nashville, TN	Logic modeling Project evaluation Outcome evaluation strategies	56	30	3.67	Increased state project evaluation capacities; Increased in effective TA planning
Cohort Workshop July, 1998 Kansas City, MO	State Local Team Partnership building	52	11	3.81	Expanded teams; Increased diversity; Increased PCP; Increased training capacity; increase effective transitions
Program Planning	Note: The Programming Planning workshop was presented in three cities with participants choosing the location of their	144	50	3.65	Increased existing project capacities in: grant management, application budgeting and evaluation
San Diego, CA Feb 18-19, 1999		(62)	(22)	(3.66)	
San Antonio, TX Feb 22-23, 1999		(34)	(13)	(3.740)	

Workshop	Content	# of Participant	# of States	Mean Satisfaction	Major Results
Orlando, FL Feb 25-29, 1999)	attendance. Content addressed grant management, needs assessment and strategic planning	(48)	(15)	(357)	
Alternate Assessment August 30-31, 1999 Salt Lake City, UT	IDEA 97 alternate assessment requirements, strategies for alternate assessment and functional programming	45	44	3.61	Increased awareness on IDEA alternate assessment requirements, strategies for collaborating in SEA AA development activities, and AA strategies
New Project Directors Meeting October 19, 1999 Washington, DC	Orientation of new state DB project directors and staff	17	8	3.91	Increased newly funded projects capacity related to program requirements and grant management
Systems Intervention for Transition October 19, 1999 Washington, DC	Systems change and intervention issues for transition services and systems development	63	N/A	3.90	Increased projects understanding and capacities for developing interagency transition models
IDEA as a Catalyst for Change October 19, 1999 Washington, DC	Overview of general systems change strategies and issues which IDEA 97 present to initiate change	80	N/A	3.64	Increased projects systems intervention strategies, knowledge and skills
Using Distance Learning Methods to Deliver TA and Training February 24-24, 2000 Albuquerque, NM	Distance learning strategies ranging from low tech to high tech, goodness of fit model, effectiveness of DI and overview of existing DB DL	44	26	3.84	Developed sate project capacity in distance education and the development and implementation of several distance education training activities
Effective TA Strategies May 1-2, 2000 Towson, MD	TA strategies to encourage and implement systemic change efforts	40	20	3.87	Increased states knowledge and skills related to effective TA and moved states from activity to initiative based TA
Strategies for Effective Family TA June, 26-27, 2000 Bloomington, MN	Family support systems, coping and grieving; school based community services; effective family TA	27	18	3.56	Increased project staff understanding and skills related to family focused TA
Teen Seminar with AADB July 29-Aug 4, 2000 Columbus, OH	Self determination and teen mentoring, problem solving and support to state projects on TA	15	9	3.22	Increased participants knowledge and skills related to self-determination, resources and support
Accessing the General Education Curriculum	Strategies for the inclusion of students in the general	52	28	3.68	Increased project staff understanding of IDEA's gen ed requirements and

Workshop	Content	# of Participant	# of States	Mean Satisfaction	Major Results
February 12-13, 2001 San Diego, CA	education curriculum and in natural environments				awareness of strategies for services in regular education settings
CAPD/CVI April 20 to May 2, 2001 Austin, Texas	Strategies for intervention and assessment of CAPD and CVI	97	41	3.79	Increased participants understanding and skills for assessing and providing intervention to students with CAPD/CVI.
Train the Trainer Workshop Minneapolis, MN August 20-22,2001	Specific state team training on self determination curriculum	11	3	3.9	Increased participant teams capacities to train within their own states and replicate the content of the training.

The results of these meetings included to increase the capacity, awareness, and understanding of the topic with the participants, while stimulating the desire for more intensive state specific TA. Inherent within each workshop was the development of an action plan detailing the participants' implementation of the information upon return to their home states. Follow-up evaluation of these action plans indicates a broad range of implementation, with the majority of having been partially implemented at the point of follow-up. More importantly however, is the fact that state specific technical assistance was identified as a need and requested by at least one or more state attending each workshop.

Focus groups. NTAC staff participated in and sponsored several Focus Groups in the past five years.

Project Forums (NASDE) focus group on Educating Children and Youth Who are Deaf-Blind: Review of Issues and Directions for Federal Support was held in Alexandria, VA on July 22-24, 1998. The purpose of the meeting was to identify strengths and weaknesses in the federal deaf-blind program, service delivery systems and to make recommendations for future federal support. Participants included representatives from NTAC; national, state and multi-state, and university federally funded model demonstration projects in the field of deaf-blindness, as well as parents and family advocates, SEA staff, consumers who were deaf-blind, and members of the National Coalition on Deaf-Blindness. These representatives provided 8 specific recommendations and concluded that a strong federal presences in the area of deaf-blindness should be maintained including continuance of a national technical assistance project, a national clearinghouse, state and multi-state technical assistance projects, and model demonstration and research projects.

At the direction of NTAC's Federal Project Officer, NTAC sponsored a Focus Group in March of 1999 to provide input and direction to OSEP related to the state and multi-state external **Site Review** process. This meeting, which was also held in Alexandria, VA and was attended by six state Deaf-Blind Project representatives, 2 family representatives, NTAC staff and NTAC's Federal Project Officer. Specific recommendations related to the process, instrumentation, and materials to developed for the site reviews. Upon the conclusion of the meeting, NTAC staff at the direction of the NTAC Federal Project Officer, developed draft process and data collection materials. These were disseminated to the participants for feedback and edits, returned to NTAC and revised, and forwarded to the Federal Project Officer for OSEP approval and distribution.

Objective 1.4: To Provide Technical Assistance to Parents and to Family Members to Inform, Empower and Develop Skills in Advocating for and Participating in Effective Service Systems for the Family Member who is Deaf-blind

The purpose of this objective was to provide the framework for the technical assistance planning and delivery process for families. The process was flexible and fit the specific needs of families identified in the state Technical Assistance Plans and Technical Assistance Agreements, as well as family activities conducted nationally. This objective was a collaborative effort between NTAC, state and multi-state deaf-blind projects, the Helen Keller National Center and other organizations such as NFADB and the Hilton/Perkins project. The objective included conducting family needs assessment; the development, implementation, and follow-up of technical assistance activities; providing technical assistance to new and existing parent organizations; and disseminating written information to parents.

Summary for Objective 1.4: State Specific Activity

NTAC provided a variety of state specific TA to 9 family organizations in 9 separate states. This TA has resulted in increasing parents' capacity to:

1. Self-govern
2. Collaborate with other family organizations and state Parent Training and Information Centers
3. Fund raise
4. Implement a variety of family activities, in collaboration with, and independent of, the state deaf-blind project
5. Participate as an active partner in their child's education
6. Plan for effective transitions

Additional state specific activity has included training and family weekend involvement in 14 states: Washington, Texas, Alabama, Florida, North Carolina, Virginia, Maryland, Pennsylvania, New York, Connecticut, Massachusetts, New Hampshire and Maine.

Major Outcomes Resulting from State Specific TA

There were a number of significant outcomes from the family-specific technical assistance agreements.

1. Parent and family members gained knowledge and skills in organizational development and strategic planning resulting in the identification and implementation of organizational goals and objectives.
2. Parent and family members gained knowledge and skills in advocacy and leadership to assist them in obtaining appropriate services for their child who is deaf-blind.
3. New parent organizations/networks were formed.
4. Inactive parent organizations were revitalized.
5. Parent to parent networks were strengthened.

Summary for Objective 1.4: National Activities

In addition to these state specific activities, NTAC has conducted a variety of national technical assistance activities including:

- Conducting needs assessments to identify family issues and topics for national TA
- Developing and disseminating a variety of family Fact Sheets and products (i.e., *Parent Perspectives and Communication Fact Sheets*)
- Sponsoring family participation in a variety of national family meetings and OSEP sponsored activities (i.e. Pacer conference)
- Conducting five annual family conferences in collaboration with NFADB and/or Hilton Perkins
- Conducting three annual trainings for state deaf-blind project Family Specialists in collaboration with Hilton Perkins

Needs Assessments

Two needs assessments were collected during the project funding period. Approximately 400 parents completed the needs assessments and returned them to NTAC. The needs assessments were used to: (a) determine topics for NTAC's annual family workshops; and (b) to determine the issues that were of greatest concerns to parents across age ranges as well as etiologies. The topics of communication, educational instruction, and transition were consistent areas of concern and priority.

Product Development

Several products were developed specifically for families. These included:

1. *Parent perspectives on communication, behavioral, instructional strategies and suggestions from families with a child who is deaf-blind* (1998)

2. *Communication at home and in the community: Helpful strategies and suggestions from parents and families of a child who is deaf-blind* (1999)

3. *A transition tool kit for parents and families with a deaf-blind child* (2000)

4. *Communication fact sheets for parents and families with a child who is deaf-blind* (2002)

Family Sponsorships

In addition to support for attending NTAC s annual Family Conferences, NTAC sponsored two parents to attend the National Parent Alliance in Washington, DC. These parents were asked to assist NTAC in cultural and ethnic diversity issues and to participate in a national network that trains parents and which addresses culturally diverse issues.

Family Conferences

NTAC collaborated in and/or sponsored five national family workshops which included:

Year 1: National Hilton/Perkins Conference on Deaf-Blindness (June, 1997). The major technical assistance effort for parents occurring in NTAC's first year was held in conjunction with the National Hilton/Perkins Conference on Deaf-Blindness held in Washington, DC in June of

1997. The conference activities addressed a broad range of topics related to deaf-blindness. Through an application process, parents were selected for participation. This application process was coordinated through the state and multi-state projects. Of the approximately 100 applications, which were received, NTAC provided fiscal and logistical support to 30 parents, from 30 differing states, to attend the conference. Parent's needs and interests were equally distributed among the early childhood, school-aged and young adult age groups.

Year 2: Going for the BEST: Building Excellence and Strength Together (July, 1998). Year two's family workshop, held in St Louis, MO, provided a facilitated discussion in the areas of communication, behavior and instruction. The outcome of this facilitated discussion was the generation of a list of critical issues related to behavior, communication and instructional needs of students who are deaf-blind. Additional agenda items included updates on national issues, DB-LINK and effective strategies for sharing and disseminating information. 70 parents representing 30 states and 56 professionals from NTAC (13), DB-LINK (2), HKNC (10), NFADB (13), the Hilton/Perkins Project (1) and seventeen (17) state and multi-state project directors attended the conference. Parent applicants were selected based on their child's age, degree of disability and their willingness to disseminate information generated at the conference upon their return to their home state. The parent's attendance was logistically and fiscally supported by NTAC. Participant satisfaction with the conference was rated 3.68 for its organization and 3.76 for its learning objectives and activities. Participants were particularly pleased with the conference facilitator, organization of the conference, the provision of second language and sign language interpreters, and the opportunities for interacting with other parents. Participants also indicated that they would have liked the conference to be longer, however, no additional content areas or agenda items were identified. Change in the Knowledge and Skills of the participants was also measured. Although 41% of the participants indicated that they had a good knowledge base prior to the conference, 86% indicated that they definitely gained new knowledge and 90% indicated that they definitely gained something useful and were motivated to seek additional information. Action Plans were developed by the participants in order to identify multiple dissemination strategies and to target multiple recipients of the conference information. The most frequently cited recipients of the critical issues list were other parents and families (60%), special educators (48%) and Part C programs (30%). The most frequently targeted dissemination strategies included phone calls (42%), letters, and newsletter articles (38). Follow-up measures of the levels of implementation of the 25 developed Action Plans indicated that 13 were fully implemented and, 4 were partially implemented and 8 were not implemented.

Year 3: "Important Practices in Communication" (August, 1999). One Hundred and five (105) parents from 37 states and approximately 45 professionals attended the 1999 Family Workshop, held in New Orleans, LA. "Important Practices in Communication" was the topic of the workshop. Families identified facilitators and inhibitors to their child's communication and a variety of age specific (i.e.; B-5, school-aged and secondary) concurrent sessions were held. Families generated tips for parents for facilitating communication in home and community. NTAC again assisted family's attendance with the cost of the conference and logistics. Participant satisfaction (measured on a five-point scale) with the conference was rated 4.41, for its organization, 4.86 for the knowledge and skills of the presenters and 4.59 overall. Although many participants indicated that the conference should have been longer and that the facility was difficult to hear in, overall they were pleased with the content of the sessions, the conference facilitator, organization of the conference, the provision of second language and sign language interpreters, and the opportunities for interacting with other parents. Change in the Knowledge and Skills measures indicated that 48% of the participants indicated that they had a good knowledge base prior to the conference, 100% indicated that they definitely gained new knowledge and 100% indicated that they definitely gained something useful and were motivated to seek additional information. 975 of the participants indicated that they had gained new skills. The participants developed twenty-nine Action Plans. As in the previous year, multiple dissemination strategies and targeted recipients of the conference information were the most frequently indicated actions listed.

Year 4: "Transitions: They Happen all the Time (August, 2000). Held in Salt Lake City, Utah, the "Transitions' workshop was attended by 85 families and 22 professionals from 31 different states. Based on parent needs assessment data, the workshop addressed critical transition issues for young children and students who are deaf-blind across ages. The workshop focused on issues and stressors experienced during transitions, coping strategies to alleviate stress and conflict, resources and services needed for a successful transition and IDEA transition requirements and practices. All participants received a "Transition Tool Kit" for use upon returning home. NTAC again assisted family's attendance with the cost of the conference and logistics. Families were selected in order to maximize representation across the country, to maximize the diversity of families and across a birth through 28 age-range. Participant satisfaction with the conference was rated 3.91 for its organization and 3.84 overall. Participants were particularly pleased with the resources provided and age-specific breakouts. Several participants indicated that they wished NTAC could fiscally support the attendance of their entire family. Change in the Knowledge and Skills of the participants was again measured. Although 61% of the participants indicated that they had a good knowledge base prior to the conference, 100% indicated that they gained new knowledge and 100% indicated that they gained something useful and were motivated to seek additional information. All respondents also indicated that they learned new skills related to transition. Action Plans were developed by 48 of the participants in order to identify strategies which they would implement and share the information with others upon returning home. Commonly cited actions included sharing and using the information learned at the conference with their child's IEP team and in their child's transition plan. Follow-up on ten of the Action Plans randomly selected indicated 6 were fully implemented and 4 were partially implemented.

Year 5: "An International Celebration of Empowerment: Sharing Dreams and Visions for Children and Young Adults who are Deaf-Blind" (August, 2001). The final family workshop was held in collaboration with the Hilton/Perkins project in Miami, FL. This meeting was unique in that as well as being attended by 70 families from the United States, it was also attended by 40 parents from 13 Latin American country. Participation of the Latin American participants was made available through the Hilton Perkins Project: Fundacion Once Latino Amercico. Forty professionals from the United States, Spain and Latin America were also in attendance. Simultaneous native language translation occurs throughout the meeting for both Spanish and English speaking participants and materials were available in both languages. The meeting included family panel and consumer panels, personal futures planning, an international exchange of services and systems, and several small group discussions and sing alongs! Satisfaction and Change of Knowledge and Skill measures were not collected due to the difficulty in accurately translating the content and purpose of the information. In contrast, participants were asked to describe their achievements and issues to be overcome in relation to their children. Not surprisingly, families from Latin America continue to prioritize parent networks, funding and recognition for the need for public education for their children and more global social and educational issues related to deaf-blind individuals and services. Latin American parents expressed a strong sense of establishing a Latin America network and support system, as well as the need for a regional census. In contrast, many parents from the United States recognized the difference in services available to their children and reported an increased empathy and level of support for those individuals without services or who are underserved form the perspective of their own child's educational system.

Major Outcomes Resulting from National Parent and Family Activities

A number of significant outcomes resulted from the National Parent activities.

1. Parent and family members gained knowledge and awareness of federal and state initiatives and how these initiatives relate to deaf-blind services (e.g. IDEA, waivers, Ticket to Work, Family Support Act, universal screening).
2. Parent and family members gained knowledge and skills in research-based effective practices (e.g. communication, transition, person-centered planning) as relates to deaf-blindness and appropriate IEP planning and development.
3. Parents and family members gained knowledge and skill in research-based effective practices (e.g. communication) as relates to deaf-blindness and the application of appropriate, functional strategies in the home and community.
4. Parent and family members increased parent to parent and parent to professional partnerships.
5. Parent and family members increased knowledge, awareness and utilization of state and national resources.
6. Identification and dissemination of parent and family perspectives on communication, behavioral and instructional strategies for children with deaf-blindness.

Summary of Objective 1.4: Family Specialist Activities

NTAC sponsored three national trainings for state and multi-state staff working as Family Specialists. In some states these individuals were family members of children in deaf-blindness and in others they were professionals. However, all participants worked directly with families of deaf-blind children in their respective states and projects. Although the topics of these trainings changed from year-to-year, their primary purpose was to increase the personal capacity, knowledge, and skills of those individuals providing services to families. The Family Specialist trainings were co-sponsored and collaboratively planned with the Hilton/Perkins project. NTAC and Hilton/Perkins assisted participants in the costs of attending the trainings. The following describes the three trainings.

Family Specialists -The Critical Link (October, 1998)

Held in St. Louis MO, the purpose of the first family Specialist training was to identify and provided strategies for dealing with the mental issues that impact many families of children with disabilities. Topics included defining the roles and responsibilities of a family specialist, separating personal form family values and addressing the impact that family specialists have on others. Strategies for identifying and being sensitive to families were explored as well as methods to develop appropriate family service plans. Family Specialists attended the meeting from 12 state deaf-blind projects, 8 NFADB representatives, 2 NTAC and 1 HKNC representative. Evaluation of the meeting was conducted by Hilton/Perkins (rather than on an NTAC satisfaction or change of skills and knowledge measure) and consisted of a Kaizen approach to what worked, did not work. Analysis of narrative statements gathered through this approach indicated that overall participants gained new insight and understanding of families of children with disabilities, as well as skills for conflict resolution. Comments on what did not work were aimed at facilities and not the content of the meeting.

Family Specialists - Self-Discovery - Impact on Families (June, 2000)

The second family specialist meeting was held in Minneapolis, MN. The meeting was attended by 1 HKNC representative, 2 NTAC staff, 11 state and multi-state family specialists, 14 NFADB representatives and 1 representative from Hilton/Perkins. Seen as a sequel to the previous Family Specialist Workshop, this meeting provided more in-depth training and exploration on listening and communication skills, boundaries and conflict management resources and strategies to address burnout, balance and staff support issues. Overall satisfaction with the meeting was 3.81 with 3.93 reported for the learning activities. Change of knowledge and skill measures indicated that although all participants had a general knowledge of the topic prior to the meeting, all developed new skills, motivation and the willingness to share the information learned with others. Although Action Plans were not developed, follow-up conducted one year after the training indicated that the use of improved communication skills and stronger networking among the family specialists.

Parents Working with Parents: An Experiential Workshop (June, 2001)

NTAC's final family specialist training was held in Chicago, IL. This was a by-invitation meeting for family specialists who had not previously attended a family specialist workshop and parent leaders identified as parents actively involved in a parent group and contributing to other families in their state. The workshop addressed strategies to enhance the work these leaders and specialists do with families including how personalities and gender impact interactions and relationships; listening skills; family of origins and its impact; stages of family life; and balancing your life between work, home and other commitments. Twenty-eight (28) individuals attended the meeting. Twenty-two of which were Parent Leaders or Family Specialists, 3 NTAC staff, 1 representative from HKNC, one representative from Hilton/ Perkins and one consultant. Satisfaction with the learning activities of the meeting was reported as 3.98 and the overall average satisfaction was reported as 3.81. Follow-up will be conducted in the summer of 2002.

Major Outcomes Resulting from Family Specialist Activities

Four major outcomes resulted from the workshop:

1. Increased networking among the family specialists
2. Increased knowledge and awareness of interactive behavior skills needed to be effective when interacting with parents
3. Increased knowledge and awareness of different learning styles
4. Increased knowledge and awareness of conflict management strategies

Objective 1.5: To Provide Technical Assistance (TA) to Young Adults who are Deaf-blind in Order to Facilitate Self-advocacy and Self-determination

The Purpose of this objective was to develop strategies and conduct activities to assist state and local service providers in building the capacity to train and support teens who are deaf-blind and their families in the acquisition of knowledge and skills leading to self-advocacy and self-determination.

Summary for Objective 1.5

A collaborative partnership was established with Dr. Brian Abery and the University of Minnesota's Institute on Community Integration (UMICI) to enhance the outcomes and potential impact of this objective. The UMICI federal grant, Enhancing Self-Determination of Youth and Young Adults with Deaf-Blindness, is comprised of four activities which integrated with the NTAC self advocacy and self-determination objective. The UMICI grant objectives are as follows:

1. Conduct focus groups with parents, professionals and students to identify the capacities, barriers, and resources leading to self-determination;
2. Pursue a descriptive study of the self-determination capacities and opportunities, as well as ecological factors tied to self-determination;
3. Conduct an eco-behavioral study that involves going into classrooms to observe teacher/student and student/student interactions that increase or decrease the probability of students displaying self-determination behavior, and;
4. Conduct a review of self-determination curriculum for persons with disabilities and;
5. Develop a self-determination curriculum for students who are deaf-blind, parents and educators.

Focus Group Activities

Due to the compatibility of the UMICI project with the NTAC objective on self-determination, the two projects joined forces to collaboratively conduct a series of focus groups to gather information on self-determination and youth who are deaf-blind. In the summer and fall of 1997, seven Consumer Focus Groups were conducted across the country. The purpose of these sessions was to obtain consumer input and to establish a knowledge base in the areas of self-determination and self-advocacy for young adults who are deaf-blind. The focus groups were conducted with young adults who are deaf-blind, parents of young adults who are deaf-blind and professionals who serve these individuals. Thirty-three students, nine parents and forty-nine professionals attended the focus groups. Dates, participants, and locations of each of the Focus Groups are indicated in Table II-15.

Table II-15. Dates, locations, and participants in the focus groups

Date	Location	Students	Parents	Professionals
Focus Groups Conducted by NTAC				
June 24, 1997	N. Carolina School for the Deaf Charlotte, NC	4	0	0
July 8, 1997	Helen Keller National Center Sands Point, NY	6	0	0
September 25, 1997	Louisiana School for the Deaf Baton Rouge, LA	7	0	0

Date	Location	Students	Parents	Professionals
Focus Groups Conducted by the University of Minnesota with NTAC Assistance				
June 6, 1997	Hilton Perkins National Conference on Deaf-Blindness Washington, DC	0	0	19
September 30, 1997	Perkins School for the Blind Boston, MA	0	5	12
Focus Groups Conducted by the University of Minnesota				
June 2, 1997	Minnesota State Academy for the Deaf Faribault, MN	5	4	18
August 19, 1997	Minnesota Deaf-Blind Services St. Paul, MN	11	0	0
	Total:	33	9	49

The UMICI analyzed the results of the focus groups data. Both parents and professionals indicated that the top three domains related to self-determination were:

1. the development of skills
2. the development of resources
3. the development of knowledge

Additionally, the focus groups identified specific skills that impact the development of self-determination. Although the specific skills identified varied across parents, professionals and students, all three groups of respondents identified communication skills and self-advocacy skills as most important.

Knowledge to support curriculum. The focus group participants were also asked to identify the knowledge needed to support the development of self-determination. The three groups of respondents all indicated that knowledge on available resources and accessing service systems was most critical. Although continued education and training opportunities were next in importance to parents, they were less important to professionals, and of least importance to the students themselves. When asked to rate the attitudes and beliefs viewed as supportive of self-determination, self-esteem, self-confidence, and self-efficacy were of primary importance. Values, both personal and feelings of value demonstrated by others, were of least importance to the three groups of respondents. Unfortunately, and not surprisingly, the identification of barriers to enhancing individuals' self-determination generated one of the largest lists of responses from both professionals and parents

Resources needed. When asked to identify the resources needed to support professionals and families in enhancing an individuals self-determination skills, parents and professionals indicated educational, social-emotional, and personal supports as priorities. Not surprisingly, parents rated educational supports in relation to families as a priority. Priorities of all three groups of respondents related to the resource needs of students themselves, which included social, emotional, technological, and educational supports, as well as greater access to services.

Review of the process that was used and the data produced by the various focus groups identified an important missing respondent group needed for a comprehensive view of self-determination needs; adults who are deaf-blind. A number of adults who are deaf-blind have successfully transitioned to various levels of independence. These adults have valuable real-life experiences relative to developing skills, knowledge, attitudes and beliefs, accessing resources, and overcoming barriers that affect their self-determination.

Additional focus groups. NTAC and UMICI felt that is was essential to identify experiences of this population before devising future TA strategies. Thus, two additional focus groups comprised of selected adults who are deaf-blind were conducted. One group included individuals between the ages of 21-35 years, and the second group included individuals over 35 years of age. The focus group including younger individuals represented a more contemporary set of experiences for current young adults. Individuals in the older group, however, represented a larger range of life experiences that are equally important to program planning. These additional focus groups were conducted in 1999 and the data obtained from them is summarized in Table II-16.

Table II-16. Results of Adult Focus Groups

What is Self-Determination?	
Group 1	**Group 2**
Achievement	Having dreams, goals, and a vision for the future
Responding to the challenges	Developing and maintaining a realistic outlook
Self-advocacy	Self-awareness of strengths and challenges
What skills would enhance the self-determination of teens and young adults who are deaf-blind?	
Group 1	**Group 2**
Decision and Choice Making skills	Decision and Choice Making skills
Goal Making skills	Goal Making skills
Communication skills	Communication skills
What types of knowledge would enhance the self-determination of teens and young adults who are deaf-blind?	
Group 1	**Group 2**
Knowledge of Resources and the System	Knowledge of Resources and the System
Knowledge about Deaf-blindness	Knowledge of the Community and World at Large
Knowledge of both Deaf-blind and other Cultures	Knowledge of Self

Research and Review of Self-Advocacy Curricula

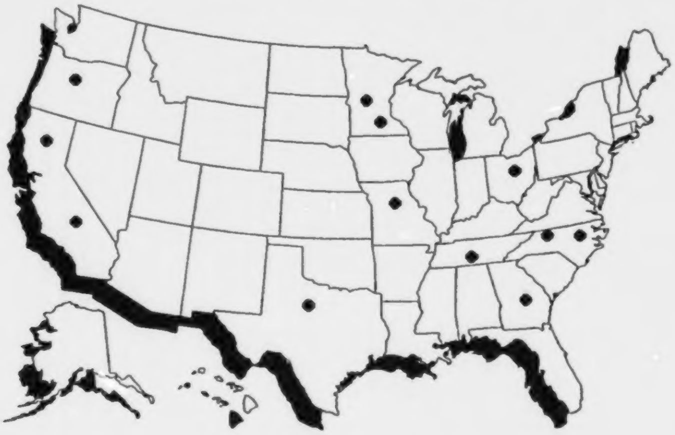
TAC staff conducted an extensive literature review of existing self-determination curricula and strategies for instruction. Curricula were identified and correlations between individual curriculum content and the various domains of self-determination were made with the information that was gleaned from the focus group participants at the outset of this objective and in year 5 of the grant. The findings of this literature search and the current availability of educational tools and service provision on self-determination and young adults who are deaf-blind are discussed in NTAC's briefing paper entitled Self-Determination for Children and Young Adults who are Deaf-Blind.

Self-Advocacy Workshop for Consumers

Teen seminar. Initially, the results of the focus group were to be used to plan and conduct an annual self-determination and self-advocacy training workshop for teens who are deaf-blind. The first workshop was planned in conjunction with the American Association for Deaf-Blind (AADB) convention, which was held in June of 1998. However, in November 1997 the administration of AADB determined that the teen program was not of priority for AADB at that time. As such, it was determined that it would not be in the best interest of convention participants to attach this workshop to the 1998 convention.

The AADB Board membership decided that the 2000 National Conference in Columbus, OH, however, would be a ready platform for such an event. In collaboration with the UMICI, AADB and Helen Keller National Center (HKNC), NTAC hosted a Teen Seminar entitled "Self-Determination: Creating a Path to the Future." A national search for teams comprised of a young adult who is deaf-bind, a mentor who is deaf-blind, and a state representative was conducted. Teams were selected on the following criteria:

- Young adults must be between the ages of 16 – 21
- Mentors must be from the same geographic region and/or have a viable means of communicating with the young adult on their team
- The state deaf-blind project and/or state Vocational Rehabilitation program must be in support of this team
- The team must commit to attending the training, developing action plans and agreeing to maintain contact with each other and NTAC for an entire calendar year
- Teams must represent the diversity of individuals within the deaf-blind community
- Teams must be nationally dispersed representing geographic and cultural diversity



12 teams across
9 states

Figure II-1. State teams represented: North Carolina (two teams), Georgia, Tennessee, Ohio, Missouri, Texas, Minnesota (two teams), Oregon, and California (two teams)

The purpose of bringing teams together from across the country is manifold. Young adults who are deaf-blind have unique attributes and may be isolated in their home community. They may never have had the opportunity to meet another individual who is similar to them. By bringing these teams together they were able to gain knowledge about self-determination, meet other young adults who share similar experiences, identify with a community, meet adults who are deaf-blind who may serve as role models and gain knowledge on various topics that may significantly impact their personal and vocational development.

This Seminar focused on various topics that encourage the development of the necessary knowledge, skills, attitudes, and beliefs in order to lead a self-determined life. Agenda topics included the concept of self-determination, dreaming for the future, mentoring, orientation and mobility, communication strategies, and assistive technology. The anticipated outcomes for the week were the following:

1. Learn what self-determination means, the different aspects of self-determination and how to

apply it to one's life;
2. Learn from deaf-blind adults how they became self-determined;
3. Establish bonds with other deaf-blind teens and mentors, and
4. Develop a plan to work collaboratively with the mentor and state deaf-blind project representative.

The curriculum used as the base of instruction throughout the seminar was *Self-determination for Youth who are Deafblind: An Individual Skills Curriculum* that was developed by the UMICI. This curriculum was created in large part from the focus group data that was collected in years one and two of the NTAC grant. Satisfaction measures were completed for each of the identified topics and reported on a four-point scale. Scores for each of the satisfaction measures are reflected in Table II-17.

Table II-17. Satisfaction scores for Teen Seminar

Topic	Mean
Self-Determination	3.13
Assistive Technology	3.25
Panel & Group Discussion	3.43
Resources	3.00
Dreaming Session	3.37
Action Planning	3.17

At the end of the Seminar each team created an action plan that captured the young adult's goals for the upcoming year, identified specific action steps that would lead to achieving those goals, named people who would support the individual in this process and identified target dates of completion. All teams maintained contact with each other throughout the course of the next calendar year. NTAC conducted a six and twelve month probe on each action plan to determine the level of achievement and satisfaction that each team experienced. The results of the probes are seen in Table II-18.

Table II-18. Follow-Up Data for Implementation of Action Plans

Number of Students	Probe Date	Total	0	1	2	3
N = 13	6 months	100%	8%	15%	77%	0
N = 13	12 months	100%	0%	8%	46%	46%

Degree of Implementation:
0 =No Implementation
1 =Implementation inconsistent
2 =Partial Implementation
3 =Full Implementation

The above case examples provide a narrative perspective on the level of impact that occurred from the Teen Seminar. Young adults gained knowledge on self-determination and deaf-blindness, exposure to peers and mentors who are deaf-blind and developed linkages to a national network of deaf-blind individuals and resources.

Train-the-Trainer Workshop

In continued collaboration with the UMICI and to support the dissemination of the curricula on self-determination for youth who are deaf-blind NTAC hosted a workshop in August 2001. Once again a nationwide call for interested parties went out. The participants that were initially targeted were those that had previously been involved with NTAC during the Teen Seminar. The criteria for attendance were as follows:

- Must have had some involvement with NTAC in previous activities regarding the topic of self-determination
- Must have an avenue and support from respective agency/school to teach the curriculum
- Must have a student or team of students identified that could benefit from the curriculum
- Must have timelines when curriculum will be implemented
- Must maintain contact with NTAC and U of MN, ICI regarding the use of the curriculum
- Must agree to provide feedback to curriculum authors on the feasibility and applicability of the curriculum with young adults who are deaf-blind

Teams of two came from three states (Texas, Ohio & North Carolina), one national agency (HKNC) and five NTAC staff. Each team consisted of a state deaf-blind project representative and a potential state educator. Project staff from the UMICI federal grant, Enhancing Self-Determination of Youth and Young Adults with Deaf-Blindness provided training on the curriculum, *Self-Determination for Children and Young Adults who are Deaf-Blind.* A "train-the-trainer" model was used in order to teach potential trainers on the purpose of the curriculum, method of delivery, targeted population, etc.

At the conclusion of the training each team developed an action plan that identified steps that would lead to implementing the curriculum. NTAC has maintained close contact with each team via teleconference. The progress of implementing the curriculum is provided below for three of the states.

Texas. As reported by the state representative, the curriculum is being implemented in a public school in a classroom with students who have varying disabilities. Within the class there is one young adult who is deaf-blind. The modules are being used twice a week for one-hour sessions. Sometimes a third hour is used to reinforce the information that is learned. Utilizing the curriculum in a diverse setting allows the students to identify similarities amongst themselves and identify mutual goals and interests. Unfortunately, the deaf-blind student in the group is currently experiencing some medical complications and has not been attending school. The class continues to implement the curriculum and the teacher provides feedback on usability of the modules.

Ohio. A relationship between the school for the deaf and school for the blind has been developed in order to pilot this curriculum. Because of the nature of such a process progress in the actual implementation has been delayed. Between both schools approximately six students who are deaf-blind have been identified as potential participants. The deaf-blind project team leader is fostering the development of this program and hopes to pilot it in the spring of 2002.

North Carolina. A group of three young adults with Usher Syndrome have been piloting this curriculum. It is being conducted at the North Carolina School for the Deaf and Blind. They have been meeting one time per month and have accomplished three of the modules. Students expressed great interest in the activities yet struggle with some of the language that is used in some of the materials. A state representative, attributes this struggle to limited life exposure. Accommodations are made by the instructor in order for all of the students to participate.

Outcomes of Objective 1.5

Throughout years one through five of the NTAC grant the following outcomes have been achieved:

1. Collaborated with federal project on the development and field-testing of a self-determination curriculum for students with deafblindness.
   a. Collected data on the needs of young adults who are deaf-blind through a focus group process.
   b. Increased the capacity of state deaf-blind project staff on the available curricula targeting the needs of young adults who are deaf-blind, families and educators.
   c. Conducted follow-up teleconferences in order to support implementation of the field test.
2. Conducted a national literature search on published curricula on self-determination for students with disabilities.
3. Collaboratively conducted a Teen Seminar with the University of Minnesota, Institute on Community Integration and Helen Keller National Center.
4. Developed a national briefing paper on self-determination entitled *Self-Determination for Children and Young Adults who are Deaf-Blind.*
5. Provided national, regional and state presentations on the topic of self-determination and individuals who are deaf-blind.
6. Provided information and materials to consumers, families, deaf-blind project staff, national collaborators and related service providers on the topic of self-determination and individuals who are deaf-blind.

Objective 1.6: To Develop a Nationwide Data base on the Demographic Characteristics of Infants Through Young Adults who are Deaf-blind

The purpose of this objective was to develop a national database that provided a continuous longitudinal flow of information on deaf-blind individuals from birth through 28 years of age. It was anticipated that this would increase the numbers of infants, toddlers and preschoolers identified as deaf-blind at an earlier age; improve efforts to appropriately identify new, young adults as deaf-blind; and longitudinally follow young adults who have been previously identified on the census. These efforts resulted in information that was utilized by NTAC and states to plan and implement technical assistance services. Activities included:

1. Examining the existing databases and reporting forms that are currently being used.
2. Determining additional data needed and identifying strategies for collecting the information
3. Developing computer software programs needed for data storage/retrieval
4. Conducting training
5. Designing a reporting format and procedures that could be used for decision making

Summary for Objective 1.6

This objective required NTAC to revise and maintain the national census data base which longitudinally follows individuals with deaf-blindness, birth-21

Examination of Existing Data Bases and Reporting Form

Initial steps taken to accomplish this objective included gathering and reviewing existing data bases and reporting forms to determine how they are used. These were then integrated into a more comprehensive and useful database of deaf-blind individuals, infants to young adults. This process was initiated in October 1996 with a request to state and multi-state projects for copies of the deaf-blind data collection forms used by their individual projects. This request resulted in the review of 24 different sets of data forms that were submitted. A specific review of New York's state and multi-state technical assistance project's database was conducted and the deaf-blind registry database being developed by Helen Keller National Center was also reviewed. Information regarding the usefulness, as well as recommended changes, to the federal deaf-blind census form were also gathered by key stakeholders during the NTAC sponsored Regional Orientation Meetings and the Evaluation Meeting. These were summarized and provided to the U.S. Office of Education, Office of Special Education Programs for review and consideration.

Revisions to Census Procedures and Forms

A team of individuals representing different agencies was established to review all previously collected information and to develop a new census format that would provide more comprehensive and useful data on deaf-blind individuals, ages birth though 28 years of age. This team met several times which resulted in a draft copy of a newly developed deaf-blind census collection procedures and forms that was introduced to the state and multi-state projects at the 1997 Project Directors Meeting. The time lines and process for the creation and implementation of the new Deaf-Blind Census are outlined in Table II-19 which follows.

Table II-19. Activities for Creating/Using New Deaf-Blind Census Forms

Activity	Dates
1. Create draft of new Deaf-Blind Census forms based on modification team recommendations.	9/10/97 - 10/25/97
2. Receive input from field on proposed draft of hard copy and disk format forms.	10/26/97 - 12/1/97
3. Revise hard copy draft based on comments from the field.	12/1/97 - 1/15/98
4. Review of revised hard copy draft by modification team members.	1/19/98 - 1/26/98
5. Finalization of hard copy draft for use by pilot states.	1/26/98 - 1/30/98
6. Final hard copy draft sent to pilot states for use.	2/2/98
7. Revise final hard copy and disk format forms based on problems/difficulties identified by pilot states.	5/1/98 - 8/15/98
8. New Deaf-Blind Census forms sent to all states for use in collecting December 1, 1998 data.	8/17/98

Pilot Use of New Census Procedures and Forms

One multi-state project (the New England Center - ME, MA, CT, NH), and seven single state projects (MT, PA, WY, ND, FL, NY, RI.) chose to pilot the new census procedure and form for the December 1, 1997 data collection process. Data from these states was analyzed and the comments and suggestions from projects participating in this pilot effort guided the finalization of the new census format. Full-scale implementation of the new format began in December 1.

Census Information

The December 1st child count data continues to indicate an upward trend of students identified as deaf-blind rising from 4,227 in 1985 to 10,713 on December 1, 2000. Of this number, 747 children are reported as infants in the Part C age range, 1186 are reported in the section 619 preschool age range, 8,467 are Part B school aged and 313 are over 22 years of age. Although the majority of students are served in separate schools and/or classes, this number continues to slowly decline. Approximately 58% are reported to have additional physical impairments and nearly 70% of those individuals on the census are reported to have cognitive impairments. The majority of students live at home with their parents or with extended family members. Figures II-2 through II-5 show the changes in the census profiles for the past 9 years.

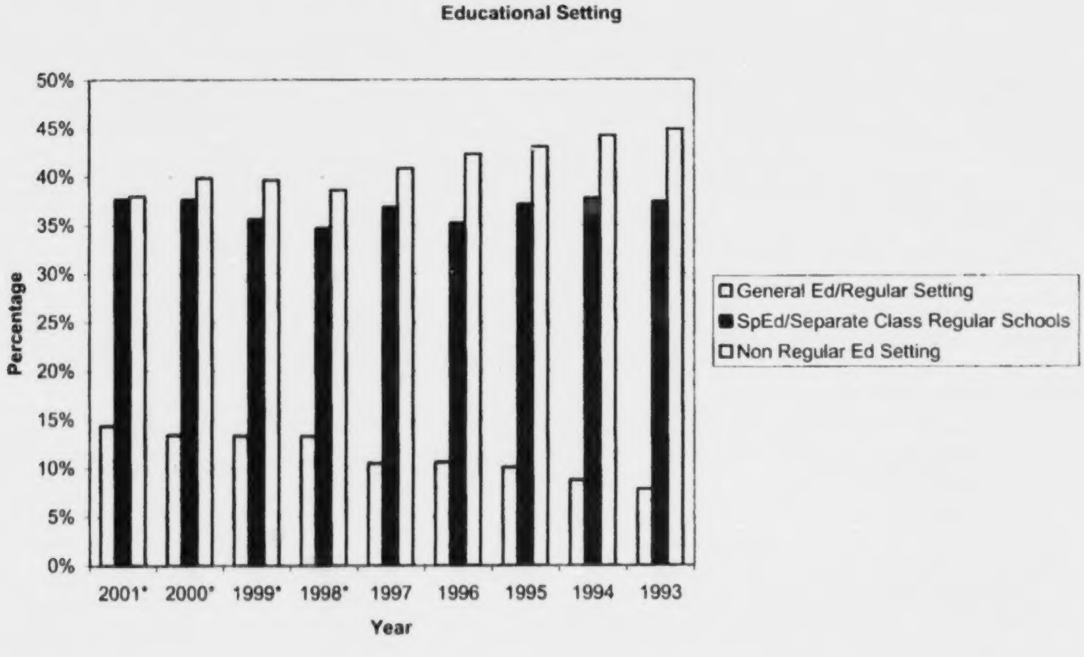


Figure II-2. Census Profile - Educational Setting

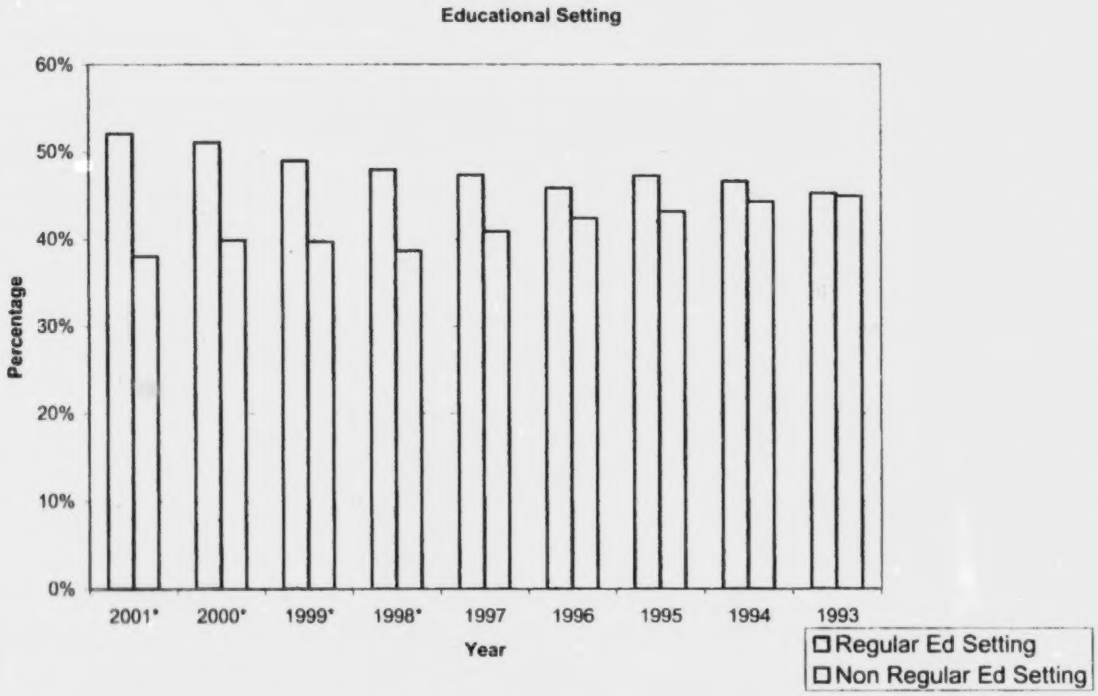


Figure II-3. Census Profile - Educational Setting

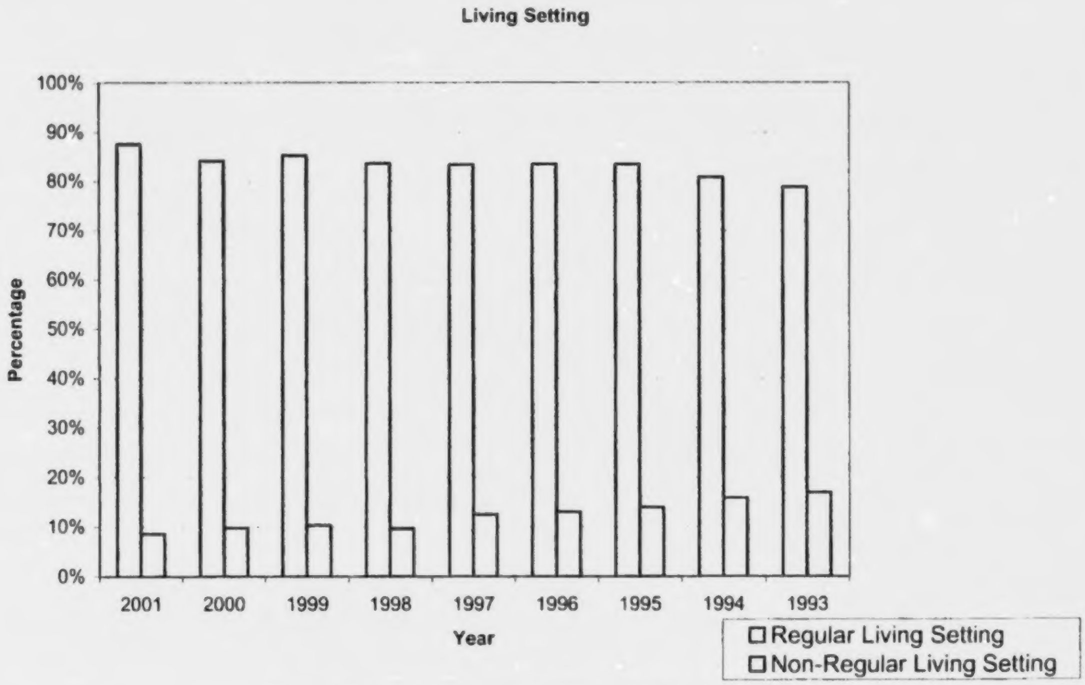


Figure II-4. Census Profile - Living Setting

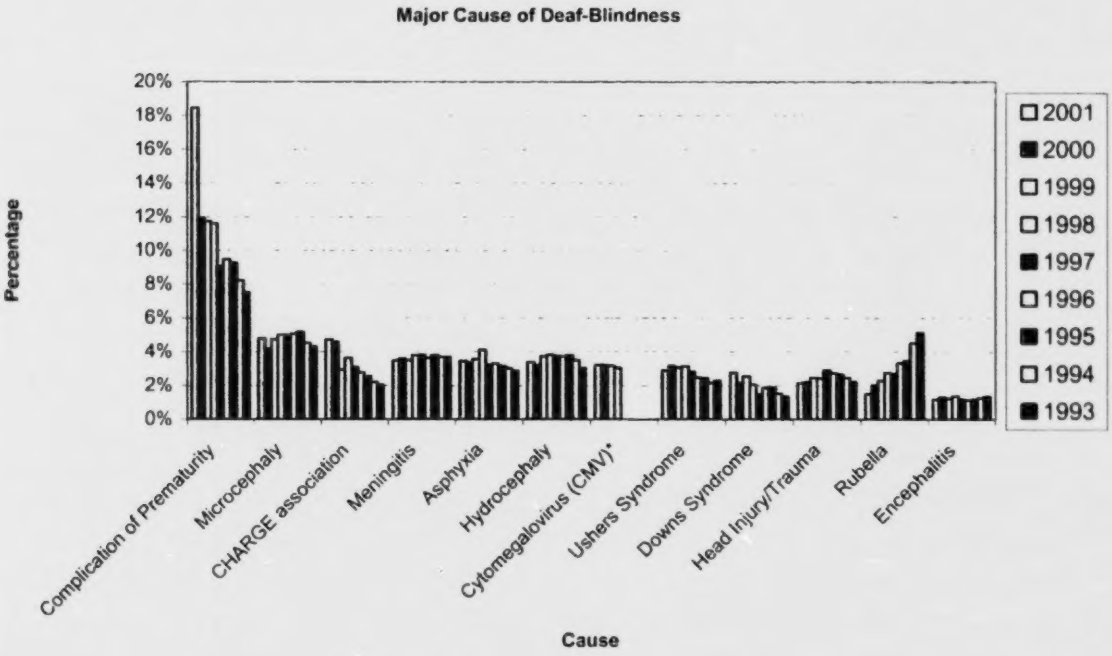


Figure II-5. Census Profile - Major Cause of Deaf-blindness

Objective 1.7: To Provide Planning and Managerial Support for the Annual Meeting in Washington, DC for Directors and/or Their Designees of Projects Serving Children and Young Adults who are Deaf-blind

The purpose of this objective was to, in concert with OSEP staff, plan and sponsor the annual state and multi-state project directors meeting in Washington, DC. Based on previous longitudinal evaluations of the conference, the following areas of emphasis were identified for the Project Directors Meetings (PDMs):

- Disseminating information related to federal programs and specific project management strategies
- Disseminating effective practices, individual project progress and results
- Conducting substantive discussions on issues related to deaf-blindness

Summary of Objective 1.7

This objective reoccurred on an annual basis. In order to plan and implement PDMs which addressed the aforementioned areas, as well as the needs of OSEP and the projects themselves, a collaborative work group planning process was implemented for each annual PDM. Major tasks conducted by the work groups included:

- Consulting with the federal project officer to identify content needs
- Surveying state service personnel to identify critical issues

- Identifying projects that represented effective and innovative service practices as potential presenters at the meeting
- Setting meeting dates, selecting and securing the meeting location
- Develop meeting content, agenda, and selecting appropriate speakers and presenters
- Conducting and coordinating the meeting as scheduled

Both summative and formative information from previous years were considered in revising and creating the meeting for subsequent years.

1997 Annual Meeting

The 1997 Annual Project Directors Meeting was conducted in Washington, D.C. from October 27-29, 1997. The meeting was attended by 133 participants including 89 state and multi-state project staff, 10 representatives from federally funded deaf-blind model demonstration and research projects, 6 representatives from Deaf-Blind Link and 18 NTAC staff. An additional ten participants were from non-deaf-blind related projects and OSEP. As in the previous year, the primary focus of this meeting included various federal updates and a variety of sessions related to effective practices for children and youth who are deaf-blind and their families.

Participant satisfaction with the meeting was completed by 83 individuals. The overall satisfaction rating for the meeting was 3.84 on a four-point scale. Participants again indicated that the timeliness of information received before the meeting was a concern and NTAC staff have addressed this in the development and planning for the following year's meeting.

1998 Annual Meeting

The 1998 Annual Project Directors Meeting was conducted in Washington, D.C. from October 18-20, 1998. The meeting was attended by 137 participants from state deaf-blind project staff, model demonstration and research projects, HKNC, DB-LINK, Hilton Perkins and NTAC.

Participant satisfaction for the meeting ranged from 3.44 to 3.89 on a four-point scale. Participants indicated that the concurrent sessions were well received. Additional responses cited the federal updates and grant information as valued, but needing more time.

1999 Annual Meting

The annual Project Directors Meeting, held October 17-19, was planned in collaboration with OSEP and five representatives from the state project. The 1999 meeting was expanded to include a Project Directors' Orientation meeting for the new projects and new directors/coordinators. Additionally, two pre-sessions dealing with project capacity building and related to transition services and systems change strategies, were held in conjunction with the annual meeting. 137 individuals attended the meeting. Representatives from NASDSE, and all other National TA projects, were invited to the meeting to increase networking and informational opportunities.

Participant satisfaction for the PDM was 3.63. Satisfaction with the associated workshops (presented in the national meeting data in Objective 1.2) was extremely high. The workshops provided a cost effective way of providing additional Research to Practice information identified by participants.

2000 Annual Meeting

The 2000 Project Directors Meeting was held on October 15-17. Based on the previous years success a pre-session on capacity building was again held before the beginning of the Project Directors meeting itself. The meeting was attended by 136 participants including: state and multi-state project staff, representatives from federally funded deaf-blind model demonstration and research projects, representatives from Deaf-Blind Link NTAC staff. As in the previous years, the primary focus of this meeting included various federal updates and sessions related to effective practice.

Participant satisfaction indicated that the satisfaction rating for the meeting was 3.75 on a four-point scale. Participants scored the keynote address on inclusion and the concurrent sessions highest.

2001 Annual Meeting

Due to the events of September 11, the 2001 Project Directors meeting was postponed until January 17-19, 2002. Attended by 122 individuals, participants included 16 NTAC staff, 74 state and multi-state project staff, 1 consumer, 7 federal representatives, 2 model demonstration projects, and 22 other individuals. The meeting included a variety of sessions related to effective practice which were identified by the planning committee.

Participant satisfaction for the PDM ranged from a low of 3.31 for the usefulness of the family panel to a high of 3.87 for this years concurrent sessions. Concurrent sessions were the highest rated from the previous years.

Table II-20. Summary of PDM Participants and Satisfaction Scores

Year	Number of Participants	Satisfaction Scores
1997	133	3.89
1998	137	3.44-3.89
1999	137	3.63
2000	136	3.75
2001(2002)	122	3.31-3.87

Objective 2: Project Management

NTAC's project management tasks were accomplished through three separate sub-objectives, which addressed:

- Implementing an outcomes measurement system to ensure regular progress toward achieving project objectives and activities (process evaluation)
- The effective use of project resources
- Ongoing staff training and professional development activities

Objective 2.1: To Implement an Outcomes Measurement System

The purpose of this objective was to implement and document process evaluation procedures that:

1. Utilized formative data sets across each grant objective to determine if sufficient progress was being made according to the timelines
2. Modifying or adapting the activities leading to the objective as needed
3. Re-allocating resources to meet the timelines

Summary for Objective 2

Process evaluation activities provided information that were used to improve the effectiveness and efficiency of project implementation and to assist in identifying problems, deficits, or needs that were addressed to ensure continued effective project operation. Data were used for making decisions about ongoing operations. Process evaluation also addressed staff accountability and provided strategies for the explicit assignment of responsibility to project personnel. Activities under this sub-objective included: (a) analyzing the project work scope; and (b) analyzing regular measures of project activities and outcomes.

Evaluation Questions

1. How have the objectives of the project been analyzed into activities and sub-activities in a logical manner that will lead to outcomes?

2. How are the activities within each objective regularly monitored to show the level of progress?

3. What procedures are implemented to identify and address problems, deficits, or needs and to make decisions to modify project operations if progress is not being made according to the timelines?

4. What procedures are implemented to modify objectives if they cannot be met due to lack of resources or non-project variables.

5. What procedures are implemented to summarize the level of progress toward each objective?

6. What supervision systems are in place to address staff assignment of responsibility and accountability?

7. What procedures are implemented to demonstrate to funding sources, consumers, professionals, parents, and taxpayers that the project is meeting the stated objectives and monitoring progress toward those objectives.

How have the objectives of the project been analyzed into activities and sub-activities in a logical manner that will lead to addressing outcomes? The project objectives were organized into multiple activities and sub-activities across the months of each year with initiation and completion dates. Outcomes, which included quantitative data and timelines, were reviewed from the evaluation database on a regular basis. Additionally, each major grant technical assistance activity was task analyzed into small component sequences with specific initiation and completion dates. Each national/regional technical assistance activity was also task analyzed into even smaller components to guide the efficient completion of the activity. The specific work group cluster, which is responsible for tracking the progression of the completion of the sub-activities, reported progress to the Management team on a regular basis. An examples of this breakdown can be seen in Appendix F for the Annual Project Directors Meetings.

How are the activities within each objective regularly monitored to determine the level of progress? Timelines and anticipated outcomes were determined for each objective and activity for the project work scope. The ***Goal Attainment Scale*** (presented in Part I) was then utilized to monitor and make decisions of the level of progression toward an activity. Data were collected from a number of data sources, analyzed, and reported on the Goal Attainment format. A variety of individual data sources and documentation formats (both print and electronic) were developed and implemented and may be found in Appendix G.

What procedures are implemented to identify and address problems, deficits, or needs and to make decisions to modify project operations if progress in not being made according to the timelines? Problems, deficits, and needs that inhibited the timely progress of any activity and objective were reviewed regularly to update the Goal Attainment Scale and addressed in the project's monthly Management Team Meetings (MTM). Management team members also addressed any problem by adding the topic to the agenda, which was developed prior to MTM meetings. Activities that were not meeting timelines and projections based on time and quantitative data were reviewed to indicate potential or actual problems.

What procedures are implemented to modify objectives if they cannot be met due to lack of resources or non-project variable? The Management team met an average of two times per month by teleconference calls. Objectives and activities were monitored and updates were provided. Decision questions for modifying the objectives included:

1. The feasibility of committing additional resources
2. The likelihood that completing the objective with additional resources would remain cost effective
3. The critical activities and status of the objective
4. Modifications leading to the objectives activities yet which retain the integrity of the objective
5. Acquisition of better outcomes if modified
6. Subsuming activities under another logical objective
7. Decisions on omitting or drastically changing the objective since costs were unreasonable or collaborative activities, on which the objective was dependent, are no longer feasible?

What procedures are implemented to summarize the level of progress toward each objective? Quantitative data were collected for each objective and Technical Assistance Activity. These data were analyzed on a regular basis and transferred to the Goal Attainment Scale. Ongoing activities were broken down into sub-activities and the progress was tracked by the cluster responsible for that objective. All TA data were summarized immediately after the activity is completed. Action Plans and follow-up data were collected for 3-5 day training, ongoing local capacity building, and sequential activities. Level of implementation from the Action Plans was obtained in Follow-up through:

- Collaborative evaluation efforts with the state and multi-state projects
- Random telephone probes
- Electronic, web-based surveys

- Written surveys

The length of time for follow-up was dependent upon the intermediate and long-term outcome. Qualitative data systems were initiated to better account for the outcomes across different objectives, as well as multiple objectives. Qualitative data were through a variety of procedures. These included:

- Logs of telephone conversations with recipients of the TA
- Written surveys and telephone interviews
- Focus groups from representative states

What supervision systems are in place to address staff assignment of responsibility and accountability? Supervision systems included:

- Documentation of coordination and collaborative activities (Figure II-6)
- Approving TA Plans and signing off on each TA Agreement
- Assisting the TASs to develop an appropriate evaluation plan for the TA
- Reviewing materials and providing feedback
- Traveling to states with the staff for coaching and feedback
- Monitoring progress in each state and determining modifications if progress is not being made Documenting problems and barriers encountered with states
- Reviewing completed work tasks and timelines
- Evaluating staff performance

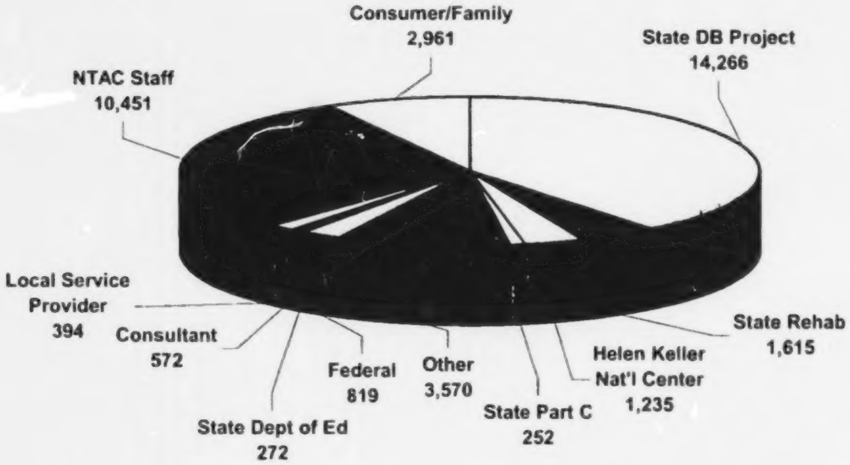


Figure II-6. NTAC Coordination and Collaboration Activities

Support staff were assigned to a specific staff member for supervision and the assignment of major work tasks. All staff assisted in developing their performance evaluation. Each staff performance evaluation was divided into two sections. The first included the percentage of time necessary to complete major tasks and was specific to staff roles and responsibilities. The second section consisted of generic work indicators.

What procedures are implemented to demonstrate to funding sources, consumers, professionals, and parents that the project is meeting the stated objectives and monitoring progress toward those objectives? Performance reports were written and sent to OSEP as required. Charles Freeman, the Federal Project Officer, was regularly updated on NTAC's progress toward objectives. Additionally, professional and parents who were recipients of NTAC TA received summaries.

Objective 2.2: To Utilize Project Resources Effectively and Efficiently

The purpose of this sub-objective was to monitor the utilization of staff, support staff, consultants, travel, and equipment to determine if activities, staff, and tasks had adequate resources allotted to complete the job is a satisfactory manner. Activities included:

- Assigning roles and responsibilities for project activities based on skills, knowledge and experience
- Allocating and tracking project staff time across objectives and activities
- Monitoring budget expenditures and costs

Responsibilities for project activities were assigned in a number of the ways. Technical Assistance Specialists were responsible for specific states in their regions. They were also responsible for planning and implementing TA activities as a team within their region. Each Area Director had direct supervision responsibility for two of the Technical Assistance Specialists and for the quality of the Technical Assistance Agreements and Activities. Staff person was also assigned to work as a team in a cluster. These clusters were responsible for planning activities to meet the different objectives of the grant. Each of the cluster was lead by management staff. The management staff brings back major decisions to the Management team. The clusters were also responsible for planning activities within a specific budget. Each cluster was responsible for summarizing the outcomes of each meeting and updating all staff of the progress toward the objective. This summary was e-mailed to each staff member no later than a week after the meeting. Meeting schedules were posted on NTAC's Intranet. All staff were assigned responsibilities to complete tasks in their area of expertise.

Staff time was allocated across objectives and levels of support. Task and activity completion across timelines were the primary criterion for determining staff use of time, re-allocation of resources, or variation of timelines. Each site (TR & HKNC) had administrative offices that were responsible for providing financial reports. The Budget Cluster monitored costs to determine if they were reasonable and to re-allocate financial resources if necessary. Costs were also monitored and assigned to specific activities for cost analyses.

Objective 2.3: To Utilize Project Resources Effectively and Efficiently

The purpose of this sub-objective was to assure that NTAC staff had the knowledge and skills to complete their jobs, as well as staying current on research based effective practice related to deaf-blind content issues as well as effective TA and systems intervention. Activities included: (a) providing staff with training in competencies essential to the project objectives; and (b) conducting staff development needs assessment

The Area Directors were responsible for the majority of staff training for the Technical Assistance Specialists. Additionally, each staff member was allocated a staff development budget to assist in meeting their specified needs. Staff assisted in identifying their needs and develop a staff development plan to meet those needs. Training for all staff during the first two years of the project was also provided for fidelity of implementation of the Needs Assessment process, for developing Technical Assistance Agreements, and for planning appropriate evaluations.

Objective 3: Project Evaluation

The third objective of the project delineated the overall evaluation plan related to NTAC's effectiveness. The purpose of the sub-objectives was to design and implement the overall evaluation plan for the NTAC project. They addressed formative, summative, and cost evaluation activities used by the project in its day-to-day and overall decision-making process. The specific sub-objectives addressed:

1. Conducting evaluations of project effectiveness and objective/activity achievement (3.1)
2. Conducting a follow-along study for young adults (3.2)
3. Conducting a cost analysis across project objectives and activities (3.3)

Activities to accomplish these sub-objectives included (a) developing data systems, (b) developing systems for data storage, management, retrieval, and reporting, (c) developing and implementing all of the data sets specific to technical assistance planning, delivery, and evaluation and (d) developing all grant and staff management data forms and analysis procedures. All cost data are collected through the Teaching Research Administrative Office. The overall costs across budget categories were presented in Part I.

Summary for Objective 3

Evaluations of Project Effectiveness and Technical Assistance

Formative and summative evaluations are made across each objective. The Technical Assistance objectives are evaluated on an intensity basis. The more intensive the TA, the more that different data sources and instruments are used to evaluated the levels of effectiveness. The different levels of measurements include the following:

1. Demographic information across participants and children/youth to benefit,
2. Satisfaction data
3. Change of awareness or knowledge/perception of skill change
4. Implementation of practices (service provider & families)
5. Implementation of system's change strategies
6. Child/Youth outcomes.

Each technical assistance activity is evaluated across at least the first two variables. One day training activities rarely result in dramatic child change outcomes and it is not feasible to attempt to collect these data. NTAC has worked with states to stress that long term TA activities and system's change initiatives should focus on all levels of outcome data. NTAC had developed outcomes and performance indicators during the no-cost extension period of this project in order to better document project and TA effectiveness.

NTAC management tracks each TAA on the NTAC Intranet to determine the status of the activity. Each activity that is conducted by NTAC is evaluated by documentation, demographics, satisfaction, and some level of follow-up. It is often difficult to actually obtain follow-up results.

Follow-Along Study for Transition

Two follow-along studies for transition were completed during the project's duration. NTAC published a Briefing Paper (Petroff, 1999) for the first study and is currently writing the results from the second study. Overall the studies show the severity of the population with approximately 60% of the participants using non-symbolic communication systems. The data from the first study indicate that few of the participants exiting school had effective transition plan, opportunities for job training in high school, or had access to competitive employment or post secondary education after the graduated. The results of the second study showed similar participant profiles. However, there were some positive trends across planning for transition and more effective transition strategies being implemented in a more timely fashion. The results of both studies indicated that overall parents had few expectations for their children to work after high school and they were satisfied with their transition services. These results demonstrate the need for more parent awareness of job training and transition outcomes. NTAC did provide a Parent Workshop on Transition after the first study was completed.

Objective 4: Dissemination of Project Information and Products.

NTAC's Resource, referral and dissemination activities reached an audience of over 30,000+ individuals within state and multi-state deaf-blind projects, other local, state and federal agencies; service providers and over 3000 families. R&R services were mainly provided to families. Information disseminated ranged form generic information on deaf-blindness to requests for specific research publications, IDEA related information and information on effective practice.

NTAC continued its predecessor's strong history of disseminating products and materials through traditional mail and onsite; over one-third (10,2000+) of the projects R&R and dissemination contacts resulted in the provision of information, products and materials either face-to-face (5010) or through traditional mail (5187). Alternate formats, including Braille, large print, ASCII or rich-text format, and web-based are currently available to increase accessibility for all users. The project also increased accessibility for Spanish speaking individuals by providing Spanish-speaking translation for selected materials and workshops. Electronic technologies, such as phone contacts (12,000+) and email correspondence (13,007) and facsimile technology (2786) were also used by the project. NTAC provided downloadable versions of products, at no cost, through its project website and developed and hosts a listserv for state project staff, model-demo projects and personnel preparation projects. NTAC administered the listserv and facilitated its use by sharing information and generating hot topics and questions for discussion.

4.1: Collaboration with Deaf-Blind LINK to Ensure Effective Dissemination

The purpose of this sub-objective was to ensure the proper and efficient dissemination of information about the project, as well as effective strategies for serving children and young adults with deaf-blindness. Activities included:

1. Identifying quality state and multi-state products and procedures that may be shared by others through D-B LINK
2. Utilizing D-B Link information and resources more effectively to deliver "effective practices"
3. Collaborating with D-B LINK on dissemination products

Summary for Objective 4

NTAC staff extensively used DB Link's resource and referral capabilities during the project; both through referrals directly to DB Link, as well as by the dissemination of DB Link developed and housed materials. Materials obtained by NTAC staff were provided to DB Link and NTAC staff encouraged state projects to maximize the use of DB Link's dissemination resources. NTAC staff also disseminated a variety of DB-LINK products including: 784 DB-LINK brochures, 862 DB-LINK Fact Sheets, and 548 bibliographies.

Publications in *DB Perspectives*

These included:

What's my role: A comparison of the responsibilities of interpreters, interveners, and support service personnel. (Morgan, S., 2001)

National parent conference report. (McNulty, K. M., 2001)

NTAC update on state and regional activities. (Barnard, S, Morgan, S., Harding, J., and McNamara, J., (2001)

Annual deaf-blind census is a great tool and resource. (Hembree, R., 2001)

NTAC parent and family activities. (McNulty, K. M., 2000-1)

NTAC updates on national and state activities. (Davies, P., Harding, J., Eisenberg, J., Morgan, S., McNamara, J., 2000)

NTAC updates. (Staff, 1999-00)

Supporting the involvement of deaf-blind individuals in meetings about deaf-blind topics. (McNamara, J., 1999)

NTAC updates. (Staff, 1999)

The 1997 amendments to the Individuals with Disabilities Education Act: Changes to parent participation in the evaluation, reevaluation, and IEP process. (Killoran, J., 1998-9)

Ways to incorporate physical fitness into the lives of individuals who are deaf-blind. (Lieberman, L. & Taule, J. 1997-8)

Transdisciplinary activity-based assessments for students who are deaf-blind. (Baker, S. & Grisham-Brown, 1997)

Sign language for people who are deaf-blind: Suggestions for tactile and visual modifications. (Morgan S., 1998)

4.2: Identification Content, Audiences, and Timelines for Project Products.

The purpose of this sub-objective, and it's accompanying activities, was to identify the specific audiences and methods to target the dissemination of NTAC and other deaf-blind related products, materials and resources. Activities included:

1. Identifying all agencies, organizations and contact persons for dissemination activities
2. Disseminating project activities, products, and findings on a national level
3. Evaluating all dissemination activities

Summary for Objective 4.2

NTAC used a variety of ongoing needs assessment to identify topics for specific product (i.e., briefing papers and workshop fact sheets) development. As a result, a variety of products and materials have been developed and/or disseminated by NTAC staff to national, state, regional and local agencies and associations. These range from project brochures describing NTAC to federal Part B regulations and GPRA performance indicators to specific deaf-blind training curricula. All of the following materials were disseminated by NTAC and provided to DB Link for their dissemination. Most briefing papers and fact sheets were made available as hard copy, as well as downloadable from the NTAC web page.

NTAC Briefing Papers

Three briefing papers and one additional publication were developed and disseminated during the final three years of the project. Topics for these papers were generated through input from the field. Experts outside of NTAC wrote two of the papers and NTAC staff wrote one. Each paper went through an expert review and revision process before publication. Copies were disseminated to all state project staff, family members and NFADB, Hilton Perkins, and others on NTAC's dissemination list (i.e.: federal model demo, TAA and D projects ant PITCs). The three briefing papers were:

The intervener in early intervention and educational settings for children and youth with deafblindness (Alsop, L., Blaha, R., and Kloos, E., 2000)

National transition follow-up study of youth identified as deaf-blind: Parent perspectives. (Petroff, J. G., 2001)

Self-determination for children and young adults who are deaf-blind. Morgan, S., McNamara, J., Bixler, E., 2002)

NTAC Fact Sheets

These were developed as a follow-up to several topical workshops held. The first set of fact sheets were developed in collaboration as a result of the NTAC sponsored distance learning workshop in collaboration with Dr. Cyndi Rowland held in Albuquerque and they are titled:

- *The goodness of fit model for selecting technology* (2000)
- *Glossary of selected distance learning terms and phrases* (2000)
- *Why design accessible web pages?* (2000)
- *Overview of technologies* (2000)

The second series of fact sheets resulted from Dr. William Sharpton's work on effective technical assistance and capacity building. Dr. Sharpton conducted extensive training during NTAC's topical workshop in Baltimore, as part of two Project Directors Meeting pre-sessions, as well as in several states. The fact sheets resulting form Dr. Sharpton's work address:

- *The principles of effective technical assistance* (2000)
- *Systems interventions* (2000)

In addition to Dr. Sharpton's work, Tom Udell of WOU also assisted the project in effective training strategies.

- *Thoughts on effective training* (2000)

The final sets of fact sheets were a result of the topical workshop, which addressed strategies for effective family technical assistance. The first, developed in collaboration with Gwen Whiting addressed:

- *Loss, grieving, facilitating, and intervening: Helping and the dynamics of change and growth (in press)*

A second fact sheet, developed in collaboration with Kate Moss, Sally Prouty and Kathy McNulty addressed;

- *Providing technical assistance to families*

Family Products

Family products developed by NTAC were discussed under objective 1.4 and include:

- *Parent perspectives on communication, behavioral, instructional strategies and suggestions from families with a child who is deaf-blind* (1998)

- *Communication at home and in the community: Helpful strategies and suggestions from parents and families of a child who is deaf-blind* (1999)

- *A transition tool kit for parents and families with a deaf-blind child* (2000)

- *Communication fact sheets for parents and families with a child who is deaf-blind* (2002)

NTAC Presentations at National Conferences

NTAC staff were also involved in a variety of professional presentations and trainings (not related to state specific TAAs) in addition to the products and publications disseminated. National presentations were made to:

1. TASH
2. Parent to Parent Organizations
3. PACER
4. OSEP's Annual TA and D meetings
5. AADB
6. CEC
7. DEC

Table II-21 summarizes NTAC products and publication dissemination activities.

Table II-21. Additional Products and Publications Disseminated by NTAC

NTAC Products and Publications Disseminated	Copies disseminated
NTAC brochures and information packets	755
NTAC developed training materials and modules	842
NTAC Project Director Meeting manuals	665
NTAC Topical Workshop Manuals	701
NTAC National Census Packets	300
NTAC National Census Reports	512
NTAC Evaluation Summaries	25
NTAC Fact Sheets	3200
NTAC Briefing Papers	2000
NTAC Family/Parent Materials	1225
Total	*10369*
DB-LINK Products and Publications Disseminated by NTAC	
DB-LINK Brochures	784
DB-LINK Fact Sheets	862
DB-LINK Bibliographies	544
Total	*2190*
Federal Information Disseminated by NTAC	
State Improvement Plan and Grant information	149
Government Performance and Results Act of 1993 information	288
Personnel Prep Program RFPs and descriptors	136
I.D.E.A. '97 information	135
Grant Performance Report notices and requirements	67
Total	*775*

Other Information Disseminated by NTAC	
Articles and curricula addressing effective practices	1804
Strategies for Effective Dissemination	135
Other	198
Newsletters and Clearinghouse materials	64
Staff publications	13
Total	*2214*
TOTAL PRODUCTS AND PUBLICATIONS DISSEMINATED BY NTAC	*15548*

PART III. BUDGET INFORMATION

The actual expenditures for the project duration and the no-cost extension year are provided in Figure III-1. At least 90% of the travel dollars spent were for the provision of technical assistance. Throughout the five years of the project, the project staff conducted more of the direct technical assistance.

The primary use of the no-cost extension funds were to: (a) complete state specific TAAs written during 2001, (b) produce the Parent Fact Sheets, (c) complete the Outcomes/Performance Indicators, (d) assist in the field test of the Self-Determination Curriculum with Dr. Brian Abery, and (e) assisting state projects to address their Site Review recommendations.

NATIONAL TECHNICAL ASSISTANCE CONSORTIUM
FOR CHILDREN AND YOUNG ADULTS WHO ARE DEAF-BLIND
5 YEAR EXPENDITURE SUMMARY
OCTOBER 1, 1996 through SEPTEMBER 30, 2002

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	YEAR 6 (No Cost Extension)	TOTAL
PERSONNEL							
Teaching Research	257,595	244,581	257,333	285,663	345,601	28,759	
Helen Keller National Center	398,995	413,346	464,666	430,629	435,259	0	
PERSONNEL TOTAL	656,590	657,927	721,999	716,292	780,860	28,759	3,562,427
FRINGE BENEFITS							
Teaching Research	81,945	76,599	89,173	103,505	125,934	6,906	
Helen Keller National Center	134,459	136,653	156,115	144,863	146,421	0	
FRINGE BENEFITS TOTAL	216,404	213,252	245,288	248,368	272,355	6,906	1,202,573
TRAVEL							
Teaching Research	53,779	57,640	144,333	80,683	113,932	17,485	
Helen Keller National Center	100,024	111,332	85,038	68,559	74,182	40,000	
TRAVEL TOTAL	153,803	168,972	229,371	149,242	188,114	57,485	946,987
EQUIPMENT TOTAL	0	0	0	0	0	0	0
SUPPLIES							
Teaching Research	3,593	7,440	19,030	15,471	18,618	9,478	
Helen Keller National Center	10,525	6,167	5,489	4,682	4,035	0	
SUPPLIES TOTAL	14,118	13,607	24,519	20,153	22,653	9,478	104,528
CONTRACTUAL (TA)							
Teaching Research	0	54,687	30,563	93,724	56,611	120,195	
Helen Keller National Center	158,054	221,923	171,585	148,188	161,179	84,346	
CONTRACTUAL TOTAL	158,054	276,610	202,148	241,912	217,790	204,541	1,301,055
CONSTRUCTION TOTAL	0	0	0	0	0	0	0
OTHER							
Teaching Research	53,708	59,611	89,454	77,945	152,269	29,674	
Helen Keller National Center	59,076	65,134	62,614	47,384	56,705	10,654	
OTHER TOTAL	112,784	124,745	152,068	125,329	208,974	40,328	764,228
TOTAL DIRECT COSTS	1,311,753	1,455,113	1,575,393	1,501,296	1,690,746	347,497	7,881,798
INDIRECT COSTS	104,940	112,035	123,655	120,305	134,837	30,500	626,272
TRAINING STIPENDS	0	0	0	0	0	0	0
TOTAL COSTS (Expenses)	1,416,693	1,567,148	1,699,048	1,621,601	1,825,583	377,997	8,508,070

The Indirect Costs were calculated at a rate of 8% of direct costs, except in Year 6 where Helen Keller National Center calculated their indirect at 10% of direct costs. Furthermore, no indirect costs were collected on the Contractual Teaching Research direct costs; therefore, the total indirect cost is not calculated by simply multiplying the total direct costs line by 8%. The indirect costs were added up individually for each category to arrive at the total.

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Figure III-1

PART IV. SUPPLEMENTAL INFORMATION

Implications for Policy, Practice, and Research

Policy

It is critical that OSEP maintain a Federal presence in providing assistance and information to part C lead agencies, State Education Agencies, other state agencies and families specific to children/youth who are deaf-blind. Due to their unique communication needs, coupled with their dual sensory losses, children who are deaf-blind are some of the highest risk for being left behind (NCLB). The unique training needs for service providers serving children who are deaf-blind, , coupled with the tremendous shortages and problems in retaining teachers who are qualified to provide early intervention and educational services. Supports the need for continued federal leadership and policy development for children and youth who are deaf-blind,

Practice

OSEP should consider revising the "Selection Criteria" used in the state and national TA Request For Proposal to better align the strong Federal accountability mandates with the grant evaluation activities. Currently, the Selection Criterion used do not include evaluation; yet a major emphasis of current RFPs and the current administration is the demonstration of child outcomes and a the impact of a project's services on students and families. In addition, increased clarification and guidance related to the extent and intensity of child change data which is currently being requested.

NTAC feels that it is also important for OSEP to continue to have states collect census data. These data provide important information to determine some critical child needs.

Research

The majority of children/youth who are deaf-blind do not have a symbolic (or formal) communication system that they use. It is difficult to determine if this is due to the severity of their cognitive and motor disabilities in conjunction with their sensory impairments, or if it is due to insufficient effective practices and strategies being implemented in their education and home settings. Additional research in this area, and in the area of behavior problems for the CHARGE populations, are just two areas in which research findings would assist to guide the technical assistance efforts of NTAC and the state projects. It is important to continue to provide assurances that children/youth who are deaf-blind are included in all Federal studies so that they are represented.

APPENDIX A

Long Range Technical Assistance Plans

STATE PLAN NEEDS/OUTCOMES COMPARISON

State	State TA Plan		Initiated	Occurred	Did not occur	Dropped
	Ranked Needs	Desired Outcome(s) to Meet Need				
AK	1. Statewide expertise among families and service providers for appropriate program development.	1.1 Families and service providers trained in topical areas which have been identified through formal and informal needs assessments.		X		
	2. In-state trainers with advanced level knowledge and skills in content and training to train families and service providers	2.1 Selected family members and service providers trained in advanced levels of areas related to DB with the intention of developing consultants of local resources who can provide TA within the state.	X			
AZ	1. Expertise in best practices related to diversity of needs, program planning, communication, technology, O&M, accessing resources for families, educators and related service personnel.	1.1 Increased knowledge/skills of families, educational teams and service providers throughout state in areas of program planning, communication, O&M, technology, accessing and developing resources, etc. to improve programs in school, home and community. 1.2 Increased collaboration between service agencies to enhance services, resources, quality of life for individuals with DB.	X			
CA	3/99 Plan 1. Develop a training model to build local capacity. 2. Develop/enhance seamless transition to Adult Services 3. Infuse DB content into existing teaching & rehab. Counseling programs.	3/99 1. Develop, implement, maintain, & evaluate a training and service delivery model that builds local expertise.				
	5/00 revised 4. Increase accuracy of census	5/00 4. Census data collection system will be implemented.			X	
	5. Implement effective family services.	5. Resources will be identified to either support the parent support network COPE-DB or to alternate strategies will be explored.				
	6. Develop a seamless transition for all ages.	6. Assessment of strengths & weakness of current system. Implement strategies to improve the current system.				
CO	1. Children and young adults who are at risk of having Usher Syndrome need to be identified as early as possible in order to provide appropriate services to the child/young adult, family, and professionals working with the individual.	1. A long term plan will be developed to identify the most appropriate strategies for Colorado with regard to Usher Syndrome screening.		X		
		2. A small cadre of professionals will be trained in Usher Syndrome screening strategies so that they may perform, or train others to perform, screenings.		X		
HI	1. Increased knowledge and skills of educators in areas of communication and functional program development. 2. Ability at LEA level to train and maintain expertise in DB and communication.	1.1 Educators are trained in areas of communication assessment, writing IEP goals and objectives to include communication strategies, demonstrate, then implement communication techniques with students.				

State	State TA Plan		Initiated	Occurred	Did not occur	Dropped
	Ranked Needs	Desired Outcome(s) to Meet Need				
		2.1 Key personnel will receive training so they have the expertise to follow up, consult or train educational staff in the areas of DB and communication. 2.2 Ongoing TA and training will be provided by trained key personnel.	X			
ID	1. A training structure to support acquisition of knowledge and skills for adult service providers.	1.1 Adult service providers will gain an awareness of DB; effective practices and community programs; and local, state and national resources which can be used to enhance services for all individuals who are DB.		X		
		1.2 Selected adult service providers will develop advanced level skills and knowledge regarding DB and will develop the training skills necessary to provide ongoing training to other service providers.	X			
MT (dev 3/01)	1. Ongoing training is necessary to enhance the knowledge and skills of service providers and families across the state.	1.1 Families and service providers will be trained in topical areas that have been identified through formal and informal needs assessments.			X	
	2. A system of follow-up for training and technical assistance is necessary to ensure the implementation of TA and training provided.	2.1 Develop strategies and necessary documents for a system to do follow-up TA and evaluation after providing training.	X			
NM	1. Increased expertise of in-state regional consultants in best practices related to communication strategies, Hand in Hand materials, Van Dijk principles, and teacher competencies.	1.1 Increased knowledge/skills of NM DB consultants in Hand in Hand materials, Van Dijk principles and teacher competencies of "best practices."		X		
	2. Procedures for consultants to track and maintain child change data.	2.1 Documented child change data and evaluation system for program.	X			
	3. Knowledge and skill for adult service providers in managing disruptive behaviors.	3.1 Trained team of core persons in the area of behavior management and communication. a. Adult service providers and others are trained in specific skills related to behavior management and communication. b. Trained persons will implement skills with individuals with DB to enhance communication and decrease disruptive behavior.	X			
NV	1. Process to educate school nurses, public health nurses, Speech Pathologists, Audiologists, tribal health service personnel, teachers of deaf, teachers of blind, vision specialists and O&M specialists in Usher screening techniques.	1.1 All children who are deaf, hard of hearing, visually and hearing impaired will be screened for Usher Syndrome.	X			
	2. 1/00 As a result of identification, training & follow-up needs to be provided to educational teams & families	2.1 Students identified with US, will have training provided to their families & teams	X			
OR	1. Increased knowledge/skills of consulting teachers in areas of TA delivery, model site development, and best practices in the field.	1.1 Increased knowledge and skills of consulting teachers in areas of TA delivery, model site development and related topics to DB.	X			

State	State TA Plan Ranked Needs	 Desired Outcome(s) to Meet Need	Initiated	Occurred	Did not occur	Dropped
	2. System change of adult service to accommodate/improve and expand access to service.	2.1 Develop a system for effective use of Medicaid Waiver in OR.			X	
	Revised 5/00 3. Develop supports for educational teams.	3.1 Teachers will have increased support, networking opportunities & quicker response time in TA delivery.	X			
	4. Develop system for family support.	4.1 Families will have input in determining the best resources to meet their needs.	X			
PB	1. Training to key educational staff on DB population, communication, O&M.	1.1 Increased knowledge and skills of educators working with students with DB in areas of program planning, communication and O&M.	X			
	Revised 10/99 2. Develop an effective TA delivery system	2.1 Local capacity will be built training and delivered through the developed TA model.	X			
UT	1. Family training and networking to enhance knowledge and skills.	1.1 Families in all areas of the state will have at least two opportunities per year to attend training activities specifically designed for families.		X		
	1a. Family social networking.	1.0 A family support system which includes training and networking opportunities will be established.		X		
	2. Family access to information regarding appropriate services.	2.1 An in-home assessment tool will be developed and families and service providers will be trained to use it.				X
		2.2 A resource guide compiling information about DB services, contact information, and contact instructions will be developed for families and service providers.		X		
		2.3 Increased knowledge of adult service systems and services.			X	
WA	1. More parent/guardian involvement in "Parents and Friends for People with Deaf-Blindness."	1.1 As a result of the implementation of identified strategies, greater numbers of parents and guardians will participate in local or state DB support networks and assume a variety of participatory and leadership roles.	X			
	2. Mentoring of families by DB adults and other families as they learn to navigate various emotions, systems and environments.	2.1 Adults who are DB and family members will be trained in mentoring skills and given the opportunity to interact with mentees.				X
	3. Service providers with ability to assess an individual's appropriate language/format needs and availability of information in appropriate format for consumers.	3.1 Service providers, families and consumers will be made aware of local, state and national resources for producing materials for consumers in appropriate language and formats.				X
	4. Training for service providers and families in topical areas relating to DB.	4.1 Families and service providers for children and young adults will have training in areas related to DB and support in implementation of strategies following the training.		X		
WY	1. Awareness training for parents and providers.	1.1 Parents and providers will have the opportunity to receive training in a manner which suits their learning style.		X		

State	State TA Plan		Initiated	Occurred	Did not occur	Dropped
	Ranked Needs	Desired Outcome(s) to Meet Need				
	2. Skill attainment/implementation training for Wyoming Early Intervention Assessment Team.	2.1 WEIAT members will gain the skills and knowledge necessary to provide appropriate, multi-disciplinary assessments; train parents and service providers attending the clinics on effective strategies; and develop the expertise to train service providers across the state.		X		
	3. Awareness training for medical personnel.	3.1 Wyoming medical personnel will gain a better understanding of DB; appropriate and effective strategies for working with individuals who are DB; and state, regional and national resources available.		X		
IL	1. Training of service providers in a variety of topics.	1.1 Trainers will be identified, increase their knowledge and skills, and have access to training in six content areas: behavior management, O&M, vision loss, communication, leisure activities, and best instructional practices.		X		
		1.2 Trainers will receive instruction and support to replicate/continue training.				X
		1.3 Trainers will conduct training to additional service providers in their agency or regional area.		X		
IN	1. Training for service providers who work with transition age DB in communication, vocational assessment, DB overview, transition planning and curriculum.	1.1 Teams supporting 3 transition age DB individuals will increase their knowledge over five content areas including employment, communication, DB overview, curriculum, transition planning.		X		
	2. Jobs for people who are DB that match interest and abilities.	2.1 Content and process strategies (practice applications) of the summer training will be recorded and disseminated to teach an increased number of service providers who work with DB transition age individuals.		X		
IA	1. Service providers and families to be better communicators with DB.	1.1 Develop consistency on the role of interveners in the lives of persons who are DB by gathering information from other states, and meeting with key people in Iowa around this strategy.				X
	2. Skills for individuals who are DB to communicate in their "world."	2.1 Develop a mentor system to support teams who serve students focusing on the communication need.				X
	3. Qualified sign language interpreters (cued speech and oral interpreters).	3.1 Information will be collected on: a) issues regarding interpreting for DB; b) current availability of interpreters in Iowa; c) training needs of interpreters and potential for collaboration across agencies.		X		
	4. Continued training and partnering of local/state transition teams.	4.1 Conduct training sessions on P-CFP and other collaborative teaming strategies to identified local teams serving individuals who are DB.		X		
		4.2 Record and disseminate successful strategies learned through the state and local partnerships.			X	

State	State TA Plan		Initiated	Occurred	Did not occur	Dropped
	Ranked Needs	Desired Outcome(s) to Meet Need				
KS	1. Individuals who are DB and their families to have better access to information, resources and professional-family partnerships in order to effectively meet their needs.	1.1 Develop a family-to-family network for families of individuals who are DB.		X		
	2. Individuals who are DB using person specific communication systems in variety of settings.	2.1 Contact with existing resources in Kansas specializing in issues related to communication for individuals.				X
	3. Case study approach for transition planning in areas of leisure, communication, daily living and employment.	3.1 Stakeholders in selected areas of the state will identify the top needs of students and young adults who are DB in the area of transition.		X		
		3.2. Selection criteria will be established to determine which three teams will receive the training.		X		
		3.3 Increased knowledge of the case study approach for transition to the transition councils, families, school personnel, and individuals who are DB and selection of three teams.		X		
		3.4 Increased number of person-centered teams will be developed and trained in the areas identified through needs assessment of each team.			X	
MI	1. Revitalize and strengthen the parent group in Michigan Association of the DB in order to build a strong network of support for parents.	1.1 Set up a process to strengthen MADB and explore outreach strategies with core parent leaders.		X		
		1.2 MADB will provide increased opportunities for the diverse parent groups to network, establish support and build relationships.		X		
		1.3 A core group of parent leaders will be identified and trained in topics related to strengthening an organization.		X		
		1.4 The core group of parent leaders will implement an outreach strategy developed with consultant in Outcome #1.		X		
	2. To strengthen existing state/local team partnerships and add new local teams.	2.1 Identify key people from the state team and existing local teams to be trainers on setting up future local teams.				X
		2.2 Identify areas where three new teams are needed.				X
		2.3 Identify possible people committed to work on these new local teams.				X
		2.4 Train the trainers and the 3 new local teams on team building, state/local partnerships, etc.				X

State	State TA Plan		Initiated	Occurred	Did not occur	Dropped
	Ranked Needs	Desired Outcome(s) to Meet Need				
		2.5 The trainers will help set up and train more new local teams.				X
MN	1. Trained personnel to serve infants, toddlers, and preschoolers and their families.	1.1 Increase awareness of the issues in early intervention and early childhood for children who are DB with "key" people in the area of EC/EI.		X		
		1.2 Increased skills and knowledge of personnel working with infants, toddlers, and preschoolers who are DB.				X
		1.3 Appropriate programming for new referrals are achieved for infants, toddlers, and preschoolers who are DB as well as existing early childhood children identified on the MN census.				X
	2. "Fine tuning" of the intervener program.	2.1 To establish a structure for the use of interveners in MN.				X
		2.2 To further develop the intervener model of services and connect with other developing programs across the country.				X
		2.3 To develop an outline of identified skill areas for the use of interveners/SSPs for individuals who are DB.				X
MO	1. Offer and expand a continuum of employment options for DB.	1.1 Identify and develop a systemic process/model to address individual vocational needs to expand employment options to consumers.		X		
		1.2 An increased number of service providers are trained on utilizing this process/model.		X		
		1.3 Service providers implement activities necessary for job development, training and support.		X		
	2. Good/appropriate communication skills for consumers/direct service providers to understand and communicate with each other.	2.1 A systemic model will be developed and used to ensure consumer and direct service providers are trained and using appropriate communication skills.		X		
		2.2 An increased number of service providers and individuals who are DB can effectively communicate wants and needs.		X		
NE	1. An accurate and integrated identification system for provision of services and identification for children and young adults.	1.1 A more efficient system of identifying children and young adults who are DB is developed with the Nebraska Special Education Information System.		X		
		1.2 An integrated identification system for children and youth who are DB is implemented.		X		

State	State TA Plan		Initiated	Occurred	Did not occur	Dropped
	Ranked Needs	Desired Outcome(s) to Meet Need				
	2. Continued support and ongoing training for TA Team on communication strategies for children and youth.	2.1 Nebraska Technical Assistance Team will have increased knowledge and skills in using tactile communication and any additional communication systems with identified students who are DB.		X		
		2.2 An increased number of children and youth who are DB will have successful communication systems in their home and community (which includes school environment).		X		
	3. Development of a system of training paraeducators who are job coaches in the areas of supported employment for population of DB that included severe disabilities.	3.1 Develop an on-going training model for providing training to paraeducators who are job coaches.		X		
		3.2 Identification of potential strategies in order to develop a local capacity training model for future paraeducators who are job coaches.		X		
		3.3 Increased knowledge and skill of paraprofessionals in the area of job coaching.		X		
		34. An increased number of transition age youth who are DB will have access to more jobs in their communities with appropriate support provided by job coaches.		X		
GLARC	1. Local/state capacity to provide training for service providers and families to have competency to work with persons who are DB.	1.1 Design a service system that would impact the service providers and families to provide positive outcomes for children.		X		
		1.2 Train core TA and family consultants, and existing professional service consultants.		X		
		1.3 Develop a core of TA and family consultants who will implement programs to impact children with DB.		X		
		1.4 TA and family consultants will implement and provide training to the service providers and family members in their area.		X		
		1.5 Increase the level of knowledge and skill of service providers and family members to work more effectively with children who are DB.		X		
	2. Seamless continuity ensuring appropriate transition process.	2.1 Service providers will increase their knowledge and skills in futures planning.		X		
		2.2 More individuals who are DB are using futures planning.				X
		2.3 Birth to five (5) service providers will increase their knowledge				X

State	State TA Plan		Initiated	Occurred	Did not occur	Dropped
	Ranked Needs	Desired Outcome(s) to Meet Need				
		and skills in person centered planning, i.e., MAPS.				
ND	1. Training for key personnel and families of infants, toddlers, and preschoolers in communication skills, assessment, functional vision and hearing programming.	1.1 Increased skills and knowledge of key personnel and families in areas of communication, assessment, functional vision and hearing programming.		X		
		1.2 Improved IFSPs regarding programming, family participation, and increased number of home visits for this population.		X		
		1.3 Demonstrated level of implementation of skills learned in the above areas.				X
	2. Support for local capacity efforts of North Dakota Statewide TA Team.	2.1 Increased pool of STAT members including more family involvement.		X		
		2.2 Increased knowledge and skills of all STAT members in specific skill areas as identified in needs assessment.		X		
		2.3 Increased knowledge in delivery of TA, development of action plans, evaluating TA.		X		
SD	1. Coordination/collaboration of GPRA states to identify and share strategies on identifying and serving Native Americans.	1.1 Increased awareness of the dicuational and identification needs of Native American children who are DB among the Alliance states will discuss their progress, share information on educational and identification issues, and problem-solve ideas to enhance the services of Native American children.		X		
		1.2 Increased knowledge of Native Americans regarding the activities of the GPRA in educational and identification issues.\		X		
		1.3 Increased number of states will have access to the GPRA Template manual which will include information on cultural uniqueness of Native Americans, and provide awareness of DB and the unique needs of this population.		X		
AL	1. Collective vision of parent group in response to Coalition identified needs.	1.1 Parent group will have a unified position and recommendations for the Coalition (in response to identified needs).		X		
AR	1. Families, community members, educators and service providers need to be trained and become knowledgeable in issues of best practices.	1.1 Selection of 3 sites (based on survey conducted to assess interest and need) to pursue development of model programs.		X		
		1.2 Three (3) model program staff/teams will have increased knowledge and skills in the areas of DB as a result of being trained in "effective practices."		X		

State	State TA Plan		Initiated	Occurred	Did not occur	Dropped
	Ranked Needs	Desired Outcome(s) to Meet Need				
FL	1. Realistic and effective person-centered transition planning.	1.1 Effective transition strategies will be identified and recommendations for replication will be disseminated.	X			
		1.2 Task force will identify a mission statement, goals and objectives to support the transitional local teams.		X		
		1.3 2-3 transition aged young adults with DB will achieve transition outcomes in the areas of community work, living, housing and recreation.	X			
		1.4 All school districts in the state serving students who are DB will receive an announcement of the transition pilot project, updated information on the progress on the pilot project, and final document for replication.			X	
	2. Access to information sharing, family to family connections, training opportunities, social gatherings, organized advocacy for parents/guardians and families.	2.1 A statewide family network, representing the full DB population, will be in place.		X		
GA	1. A standardized procedures for screening children at risk for Usher Syndrome.	1.1 Increased number of professionals (consultants, vision teachers, teachers of the deaf, etc.) will gain knowledge and skill in conducting screening for Usher Syndrome.		X		
		1.2 Children at risk for Usher Syndrome will be screened.		X		
		1.3 School staff and related professionals will receive Usher Syndrome sensitivity and awareness training.				X
KY	1. Collaborative, community transition planning and implementation of self-determined transition plans	1.1 Establish two regional transition teams		X		
	2. Collaborative, community transition planning and implementation of self-determined transition plans	2.1 Increase the number of students supported by PCFP teams		X		
		2.2 Increase the number of personnel who are trained in implementing PCFP		X		
		2.3 Provide PCFP trainings in programs serving young children		X		
	3. Increase the range of personnel using best practice	3.1 Develop a personnel prep program across region universities				X
		3.2 Increase the knowledge and awareness of EI/EC service providers		X		

State	State TA Plan		Initiated	Occurred	Did not occur	Dropped
	Ranked Needs	Desired Outcome(s) to Meet Need				
LA	1. Opportunity to receive training by all persons who work with individuals who are DB.	1.1 Statewide needs assessment will be developed and in place.		X		
		1.2 Evaluation plan will be developed and in place.		X		
		1.3 Increased sharing of training information (across agencies), with a plan in place for higher levels of collaboration, to: a. avoid duplication of training; b. expand/increase number of individuals trained; c. assure cross-agency site sharing of information (e.g. activity/event calendar), web-site d. establish process to ensure continuation of collaboration efforts; e. assure appropriate training through collaborating				X
MS	1. All individuals who are DB to be served by collaborative team that has received comprehensive training.	1.1 At least 2 Regional Resource Partnerships are established and in place.		X		
		1.2 Increased number of personnel and family members (from at least 2 regions of MS) are trained in effective practices associated with educating children with a low-incidence disability, such as DB.		X		
		1.3 Improvement in the educational programs for at least two or more students who are DB as a result of the partnership efforts.		X		
NC	1. Family and professional access to information and resources related to best practice	1.1 Identification of parent perspectives of most important practices		X		
		1.2 Targeting of key recipients to receive practices				X
		1.3 Development of a dissemination and training plan related to identified practices				X
OK	1. To increase interagency collaboration and training w/ Part C, ECE providers and early school age personnel related to early identification and awareness.	1.1 Early interventionists will increase their awareness and knowledge and skills for early identification, referral and intervention		X		
	2. To increase the competencies of teachers and related service personnel providing services to school aged children w/ Deaf-blindness.	2.1 Project will continue to increase service provider competencies though collaborative training		X		
PR	1. To identify all children who are DB, place them on the census, and conduct a needs assessment of families, teachers and administrators who support each identified person who qualifies for DB services.	1.1 Establishment of census policy and procedures.		X		
		1.2 Establishment of needs assessment procedures for family members, teachers, and administrators.				X

State	State TA Plan		Initiated	Occurred	Did not occur	Dropped
	Ranked Needs	Desired Outcome(s) to Meet Need				
		1.3 Increased number of DB children and young adults on PR census.		X		
SC	1. Training for professionals, families, and others in contact with individuals who are DB	1.1 Usher Syndrome screening program will be in place and implemented.		X		
		1.2 Increased pool of people with knowledge/awareness.		X		
		1.3 Plan will be in place for screening.		X		
		14. Increased number of personnel trained to screen.		X		
TN	1. There is a need to address information and training needs of families and school personnel in central Tennessee	1.1 Increased and awareness of a variety of TA models		X		
		1.2 Development of two Multi-disciplinary teams trained in deaf-blindness		X		
		1.3 Increased skills in two students		X		
		1.4 Establishment of two school sites as a resource for other schools	X			
		1.5 Increase capacity of central Tennessee resource center	X			
TX	1. Training/information to families and personnel providing educational services.	1.1 300 family members, professionals, and paraprofessionals will have increased knowledge of specific issues related to DB, including: technology; concept development; quality indicators (for preschool); communication; student assessment; behavior.		X		
		1.2 300 family members, professionals, and paraprofessionals will be updated on and have increased knowledge of national issues surrounding DB including the history of and current trends in services to individuals who are DB.		X		
		1.3 Families of individuals with Usher Syndrome will have information they need to design the type of support(s) they would like to have in place.		X		
	2. Provide ongoing means for parents to connect/network/interact to address any/all critical family issues and collaborate with professionals.	2.1 A refocused parent group, with the internal organizational structure to meet the needs of the membership, will be in place (and will have acquired the skills necessary to do long-range planning). The following intermediate outcomes will be considered: regionalized networking system; options for fund raising; system in place for information getting to the local level; executive director (pd?) in place.		X		
VI	No TA Plan available					

State	State TA Plan		Initiated	Occurred	Did not occur	Dropped
	Ranked Needs	Desired Outcome(s) to Meet Need				
DE	1. Access to meaningful and challenging employment opportunities in community settings for transition aged youth.	1.1 The interagency council agrees to support and work toward achieving the outcome of young people who are DB working in community based supported employment sites.		X		
		1.2 Agency has developed the capacity to promote awareness, knowledge and skill acquisition in the area of community based supported employment for your people who are DB.		X		
		1.3 _# of service providers and support staff have the knowledge and skill to work with people who are DB in community based supported employment sites.		X		
		1.4 _# of young adults who are DB with additional disabilities are working in community based supported employment sites.		X		
		1.5 Upon successful completion of outcomes, the process will be documented and available for dissemination and replication.		X		
		1.6 The members of the interagency council continue to collaborate to ensure that students who are DB are working in community based supported employment settings.		X		
DC	1. A central point of contact and coordination of services for children and young adults who are DB and their families in DC..	1.1 Potential candidates are identified to serve on an interagency task force to serve children and young adults who are DB.				X
		1.2 Task force members agree on a common value statement and mission to serve children and youth who are DB in DC. An interagency task force is formed.				X
MD	1. Access to personnel who have the knowledge, skills, resources and training for all individuals who are DB.	1.1 The various models of using mentors to train and support teachers is explored.		X		
		1.2 A mentor teacher model is designed to fit the needs of MD.				X
		1.3 Prospective mentor teachers are selected to participate in the program.				X
		1.4 (#) of teachers selected to become mentored are trained in (1) "best practices" and appropriate methods for teaching children who are DB; and (2) the role and responsibilities of the mentor teacher.		X		

State	State TA Plan Ranked Needs	 Desired Outcome(s) to Meet Need	Initiated	Occurred	Did not occur	Dropped
		1.5 :Mentor teachers provide training and support to the teachers, parents and related staff of (#) students who are DB in the areas of "best practices" and appropriate methods in teaching students who are DB.		X		
		1.6 The teachers and related service providers of (#) students who are DB are using best practices and appropriate methods in teaching their students who are DB.		X		
	2. Access to information, training and networks of support for families of individuals who are DB.	2.1 A parent group is identified to take the lead in an effort to secure corporate funding for an annual family event in MD.		X		
		2.2 The identified parent group has the organization, knowledge and skills necessary to write a proposal to corporate sources to secure annual funding of the family event.		X		
		2.3 Possible funding sources are identified and proposals are submitted.		X		
		2.4 A contractual agreement is developed and agreed upon by the parent group and the corporate sponsor for annual funding of a family event in MD.				X
		2.5 The process is documented for use by other parent groups.				X
NJ	1. An increase in seamless service coordination between agencies serving persons who are DB.	1.1 DB STEP-UP members who provide transition and adult services will regroup/convene and support a pilot project designed to increased seamless services to persons who are DB.		X		
		1.2 Four (4) adults who are DB will have written plans (e.g. IEP, IWRP, IHP, etc.), by age 21, that identifies agencies who can meet their transition and long-term needs.				
		1.3 Four (4) young adults, by age 21, who are DB in the state of NJ will be linked with appropriate agencies.				
		1.4 Twelve (12) young adults who are DB in the state of NJ will have received seamless service coordination.				
	2. A parent-to-parent group that provides support and empowerment and services as an organized interest group that advocates on behalf of children and young adults.	2.1 Parents of children who are DB in the state of NJ who are interested in participating in a parent support group will be identified.		X		
		2.2 Parents of children who are DB in the state of NJ will form a		X		

State	State TA Plan		Initiated	Occurred	Did not occur	Dropped
	Ranked Needs	Desired Outcome(s) to Meet Need				
		group and develop a shared mission statement.				
		2.3 A statewide parent-to-parent support network will be established.		X		
		2.4 The parent group is expanded and is affiliated with other parent organizations in NJ.			X	
		2.5 Parents of children who are DB will receive support from one another and will have access to an organized interest group advocating on behalf of the needs of children and young adults who are DB in the state of NJ.	X			
NY	1. Strengthening of pre-existing state and local team partnerships and expansion to new partnerships of service providers who work with transition age young adults.	1.1 A partnership between service providers who work with transition age young adults who are DB and their families in the Syracuse, NY area will be developed.		X		
		1.2 Team members will gain familiarity with transition age young adults who are DB in the state of NY and learn what their needs are.		X		
		1.3 Existing and newly developed teams will strengthen their partnerships and will address the needs of transition age young adults who are DB.		X		
PA	1. Access to appropriately and adequately trained service providers	1.1 Development of the BEST training program including follow-up and evaluation measures		X		
		1.2 Collaboration by Tri-state Consortium on BEST training				X
		1.3 Identification of teams for BEST training		X		
		1.4 BEST training for identified teams		X		
		1.5 Identification of field consultants from trained teams	X			
	2. Increased services for students with Ushers syndrome	2.1 Increased knowledge and skills related to Ushers for service providers and families		X		
		2.2. Identification of students with ushers	X			
		2.3 Advanced knowledge and skills related to Ushers for service providers and families	X			

State	State TA Plan		Initiated	Occurred	Did not occur	Dropped
	Ranked Needs	Desired Outcome(s) to Meet Need				
		2.4 Students with Usher syndrome will have the knowledge and skills for self-determination			X	
RI	1. Access to adequately and appropriately trained for DB students.	1.1 Needs assessment for youth and adults		X		
		1.2 Increased understanding of deaf-blind youth and adults by service providers		X		
		1.3 Increased skills by service providers		X		
	2. Increased service providers and parents knowledge and skills related to Usher syndrome	2.1 Service provider training related to transition for youth with Ushers		X		
		2.2 Parents of young adults with Ushers will gain Knowledge and receive support related to the condition	X			
		2.3 Transition aged students with Ushers' at RISD will receive support from trained personnel		X		
VT	1. An increase in seamless transition services provided by personnel who have knowledge, skills, resources and training specific to needs of young adults.	1.1 VT I-TEAM and members in the adult service agencies will join in a collaborative effort to promote "best practices" in transition planning and service delivery.		X		
		1.2 An increased number of teachers, related and adult service providers will gain knowledge and skills in implementing the "best practices" in transition planning.		X		
		1.3 _Number of transition age DB students and young adults in VT will have a written plan that identifies transition outcomes in the areas of work, living, recreation and socialization.		X		
		1.4 _Number of young adults who are DB who have left the educational system are working, living, socializing in the community of their choice.			X	
	2. Standardized procedures for screening children at risk for usher Syndrome.	2.1 Increased number of professionals (consultants, vision teachers, teachers of the deaf, etc.) will gain knowledge and skill in conducting screening for Usher Syndrome.		X		
		2.2 _# of children at risk for Usher Syndrome will be screened by the age of __.	X			
		2.3 School staff and related professionals will receive Usher		X		

State	State TA Plan		Initiated	Occurred	Did not occur	Dropped
	Ranked Needs	**Desired Outcome(s) to Meet Need**				
		Syndrome sensitivity and awareness training.				
VA	1. Access to personnel and family members who have the knowledge, skills and resource to meet unique needs	1.1 Development of a statewide family organization		X		
		1.2 Development of a comprehensive evaluation system		X		
		1.3 Increased capacity of T-TAC (SEA) related to training of students who are DB	X			
WV	1. Access to personnel who have knowledge, skills, resources and training to meet needs of individuals who are DB.	1.1 The parents, teachers and related service professionals of 25 students in Kanawha County are trained in appropriate methods and "best practices" for serving students who are DB.		X		
		1.2 As a result of training, __% of teachers, parents and related service providers are using appropriate methods and "best practices" to serve students who are DB.			X	
NEC (CT, ME, MA, NH)	1. An increase in service provision for transition age young adults who are DB through an interagency team approach in the NEC states.	1.1 After exploring/investigating different transition modes, members of the NEC Advisory Council and appropriate stakeholders will identify an interagency transition model that they will support and promote in CT, MA, NH, and ME.				X

APPENDIX B

Summaries from Illinois and Nebraska from August Topical Workshop

Illinois Evaluation Summary
Usher Syndrome Screening Project Follow Up Survey

SCHOOL YEAR 1999-2000 (ISD, LICA)

Your agency received training in Usher Syndrome Screening techniques OR had students screened directly by members of the team. We are requesting follow up information to document program effectiveness and solicit input for improvement. A stamped, addressed envelope is enclosed for your convenience. Please use the back of this form for extra space for answers. Thank you for your time and input.

Total number of screenings completed : 4
Number of students screened by Project Reach staff: 22
Number of staff at your agency trained to do screen? 13
Number of students screened by members of your agency: 50
Number of students recommended for more screening: 2
___ repeated screening 2 paper/physical screening
Number of students recommended for further diagnostics after the screen: 3
Have these diagnostics been completed? If not, what have been the barriers?
Yes, all were completed
Number of these students diagnosed with Usher Syndrome/Retinitis Pigmentosa? 1
Number of students diagnosed with other visual impairments? 1
How many of the students identified with Usher/RP or other eligible visual impairments are on the Philip Rock Center census already? 0
How many were referred to the Philip Rock Center after the screen? 0
If they are eligible but not referred, what are the reasons/barriers?
School staff not sure of procedure

Age range of students diagnosed with RP:

0-2 years	3-6 years	7-12 years	13-16 years	17-21 years
0	0	0	0	1

What changes would you recommend in the:

1) Actual screening process: **- be sure interpreters are used as needed**

2) Staff training process: **- none**

3) Follow up: **- none**

4) Other: **- remove word "Usher" from training/testing materials that the students can see**

In your opinion, what follow up services would be helpful for the students diagnosed, their families, and/or their educational staff?

-no comments

Illinois Evaluation Summary
Usher Syndrome Screening Project Follow Up Survey

SCHOOL YEAR 2000-2001 (ECHO, ISD, LICA, Marion HOH, NIA/Parkwood)

Your agency received training in Usher Syndrome Screening techniques OR had students screened directly by members of the team. We are requesting follow up information to document program effectiveness and solicit input for improvement. A stamped, addressed envelope is enclosed for your convenience. Please use the back of this form for extra space for answers. Thank you for your time and input.

Total number of screenings completed : 6
Number of students screened by Project Reach staff: 17
Number of staff at your agency trained to do screen? 3
Number of students screened by members of your agency: 100
Number of students recommended for more screening: 3
3 repeated screening ___ paper/physical screening
Number of students recommended for further diagnostics after the screen: 9
Have these diagnostics been completed? If not, what have been the barriers?
All were completed or rescreened except 2 "family declined"
Number of these students diagnosed with Usher Syndrome/Retinitis Pigmentosa? 2
Number of students diagnosed with other visual impairments? 1
How many of the students identified with Usher/RP or other eligible visual impairments are on the Philip Rock Center census already? 0
How many were referred to the Philip Rock Center after the screen? 1
If they are eligible but not referred, what are the reasons/barriers?
Family declined

Age range of students diagnosed with RP:

0-2 years	3-6 years	7-12 years	13-16 years	17-21 years
0	0	1	1	0

What changes would you recommend in the:

1) Actual screening process: **- add pass/fail standards onto actual protocol/data sheet**

2) Staff training process: **- Davenport flowchart led to false negatives**

3) Follow up: **- flowchart of next steps; "script" to use with family**

4) Other: **- devise system to screen itinerant students**

In your opinion, what follow up services would be helpful for the students diagnosed, their families, and/or their educational staff?

-option to call another family with same language or student same age; ongoing support to school staff as needs arise

2

Illinois Evaluation Summary
Usher Syndrome Screening Project Follow Up Survey

SCHOOL YEAR 2001-2002 (CPS, Eisenhower, LICA, Marion HOH)

Your agency received training in Usher Syndrome Screening techniques OR had students screened directly by members of the team. We are requesting follow up information to document program effectiveness and solicit input for improvement. A stamped, addressed envelope is enclosed for your convenience. Please use the back of this form for extra space for answers. Thank you for your time and input.

Total number of screenings completed : **8**
Number of students screened by Project Reach staff: **1**
Number of staff at your agency trained to do screen? **20**
Number of students screened by members of your agency: **159**
Number of students recommended for more screening: **2**
___ repeated screening **2 paper**/physical screening
Number of students recommended for further diagnostics after the screen: **9**
Have these diagnostics been completed? If not, what have been the barriers?
Not all, due to funding for diagnostics and family declining
Number of students diagnosed with Usher Syndrome/R P? **To be determined**
Number of students diagnosed with other visual impairments? **3**
How many of the students identified with Usher/RP or other eligible visual impairments are on the Philip Rock Center census already? **4**
How many were referred to the Philip Rock Center after the screen? **1**
If they are eligible but not referred, what are the reasons/barriers?
Waiting for diagnostics
Age range of students diagnosed with RP:

0-2 years	3-6 years	7-12 years	13-16 years	17-21 years
0	**0**	**0**	**? plus 1**	**0**

What changes would you recommend in the:

2) Actual screening process: - **Helpful to have Project Reach staff at training and initial screening; our agency changed forms to better suit our needs (Eisenhower), standardized forms for prior notice/announcements**

2) Staff training process: - **great as is; good to practice on one another**

3) Follow up: **assistance to review paper screens when done next school year; standardized protocols for follow-up**

4) Other: - **Helpful to have someone from Project Reach on site to answer questions**

In your opinion, what follow up services would be helpful for the students diagnosed, their families, and/or their educational staff?

- resource printouts (2x); information meeting; list of retinal specialists; information about Ushers; list of other families with students who have Ushers.

Inservice Evaluation Scale

developed in part by Earl McCallon, Ph. D.

Contact Person: Peg Singleton/Eisenhower Date of Inservice: 11-15-01
Specialist or Hired Consultant: K. Windy; M. Clyne
Topic of Inservice (please circle): Academics, Behavior, Collaborative Planning, Communication, Family-Specific Training, IEP/IFSP Quality, Inclusion (School or Community), Recreation, Resources for Families, Self-advocacy, Self-help, Social skills/friendship, Transition, [✓ Vision/Hearing], Work, Other: Usher Syndrome Screening

Thank you for attending this inservice provided by staff from Philip Rock Center/Project Reach. We are required to report on the effectiveness of the services we provide. Could you please answer the following questions regarding the completed inservice?

1) The organization of the inservice was:	Excellent [✓ 4]	3	2	Poor 1
2) The objectives of the Clear inservice were:	[✓ 4]	3	2	Vague 1
3) The ideas/activities presented were:	Very Interesting [✓ 4]	3	2	Very Dull 1
4) The scope (coverage) was:	Adequate [✓ 4]	3	2	Inadequate 1
5) The work of the consultant(s) was:	Excellent [✓ 4]	3	2	Poor 1
6) My involvement in this inservice should prove:	Very Beneficial [✓ 4]	3	2	No Benefit 1
7) Overall, I consider this inservice:	Excellent [✓ 4]	3	2	Poor 1

The stronger features of this experience were: Hands-on experiences with doing all subtests; critiques of our methods when testing one another; video had clear instructions; troubleshooting techniques helpful.

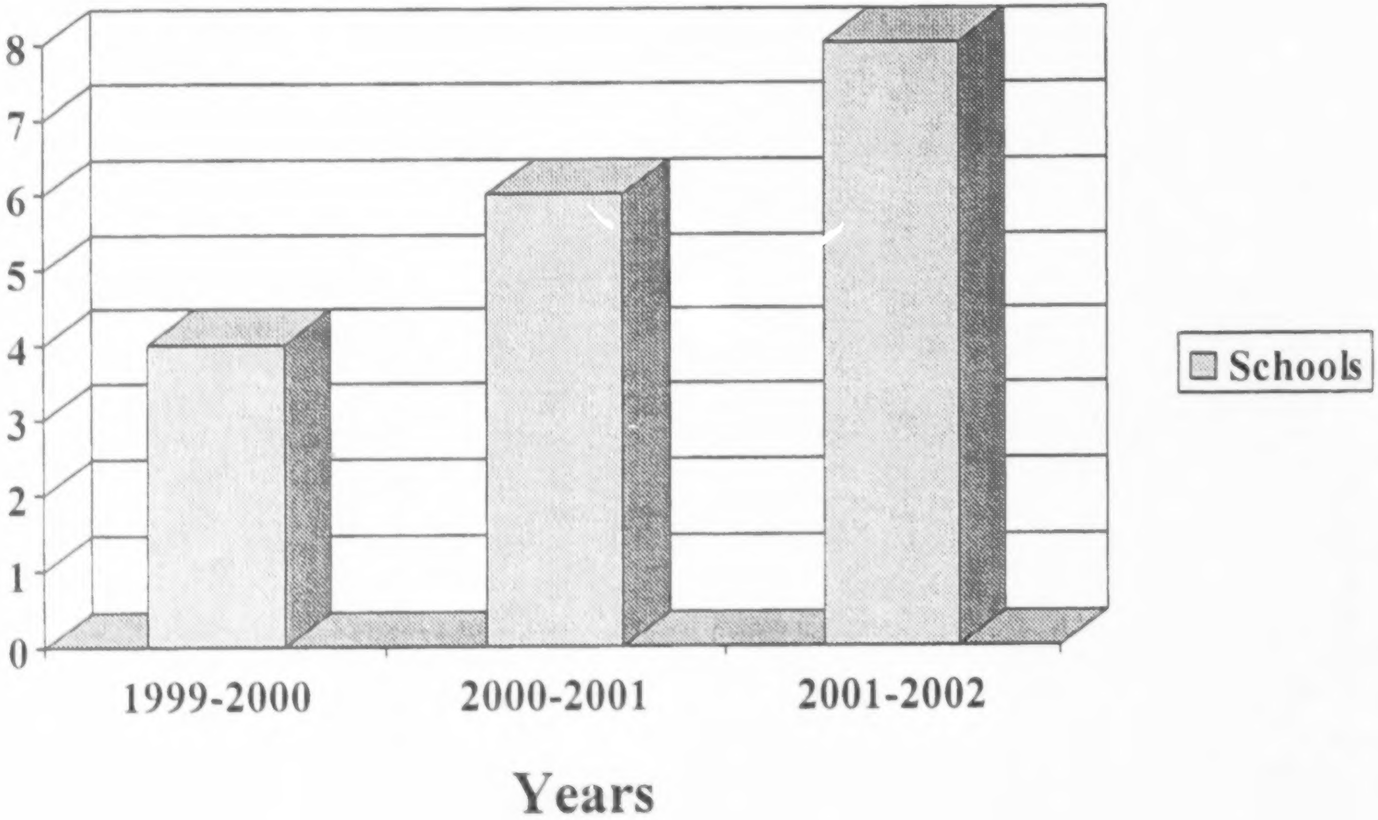
The weaker features of this experience were: None.

General Comments: Very thorough, lots of information given, but it is easy to manage it all and envision starting the program.

Do you feel the need for more information on this topic? YES NO
Will contact Project Reach as needed.

Any other comments, please use back of this form. Thanks for your input!

Schools Completed Screening



5

Total Number of Students Screened